8	M	)
1	400	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by the law and the death of the law and the death of the law and the death of the law and the death. Page 3 shauld be carached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 77 frours after death.

I

	CII  MARYLAND  CII  MARYLAND  CII  MARYLAND  CII  MARYLAND  CIII  MARYLAND  CIII  MARYLAND  CIII  MARYLAND  CIII  C. STATE  MARYLAND  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give neare roses flown).  Ikton  AL (if not in hospital, give street oddress)  ON HOSDITAL  Middle  C. CITY OR TOWN (if outside corporate limits, write RURAL and give neare roses flown).  AL (if not in hospital, give street oddress)  ON HOSDITAL  Middle  C. CITY OR TOWN (if outside corporate limits, write RURAL and give neare roses for in the part of the roses of the corporate limits, write RURAL and give neare roses for the special part of the roses of the corporate limits, write RURAL and give neare roses for the special part of the roses of the corporate limits, write RURAL and give neare roses of the corporate limits, write RURAL and give neare roses for the roses of the corporate limits, write RURAL and give neare roses of the corporate limits, write RURAL and give neares of the rose of the roses of the corporate limits, write RURAL and give neares of the rose	No.	7 9 67						
1. PLACE OF DEATH a. COUNTY	ecil		MARYLAND	o. STATE					lion)
RURAL and give	(If outside corporate limearest town) Elkton	ils, write	7	c. CITY OR TOW			RURAL and give	nearest town	n)
OR INSTITUTION									FARM?
3. NAME OF DECEASED (Type or print)	MAK	nt 1C	Middle	BIAKe			ber 2		Year 19 58
5. SEX Female						9. AGE (In years last birthday)	Months Do		ER 24 HRS. Min.
100. USUAL OCCUPAT during most of wo	irking life, even if refired	1)						S A	COUNTRY
13. FATHER'S NAME Th	omas Conw	ау							
15. WAS DECEASED EV 17es, no or unknown) NO	ER IN U. S. ARMED FOI (If yes, give wor or dates of				Fadden			R.D.	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (I DUE TO any, which immediale the under-	o)	the second second	cerchi	is vin			INTERVAL BE	DEATH
200 ACCIDENT W	AS UNIDERLYING TO						VEN IN PART 1	PERFO	AUTOPSY DRMED?
20c. TIME OF INJU	G CAUSE OF DEATH Y MEDICAL EXAMINER  IRY Month, Day, Ye  19	or 20d. IN White of work	IJURY OCCURRED 20e. P	LACE OF INJURY (Home	a, form, 20f. (C	ity ar town)	(Cou	nty)	(State)
21. I certify olive on	Geat	-, 12 5 &	Tikre	no.	15AM, fro	om the causes	and on the	date state	
BUTTAL	9/26/5	0F 8	Cherry Hil	1 Cemeter	y Ch	erry Hil	1,	Md .	e)
23. FUNERAL DIRECTO	r's signature	kel	Elkton, Md		TE OCT 1		Lithun S. 1		

Some Havre de Grace, Md.

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VS A15 (4)

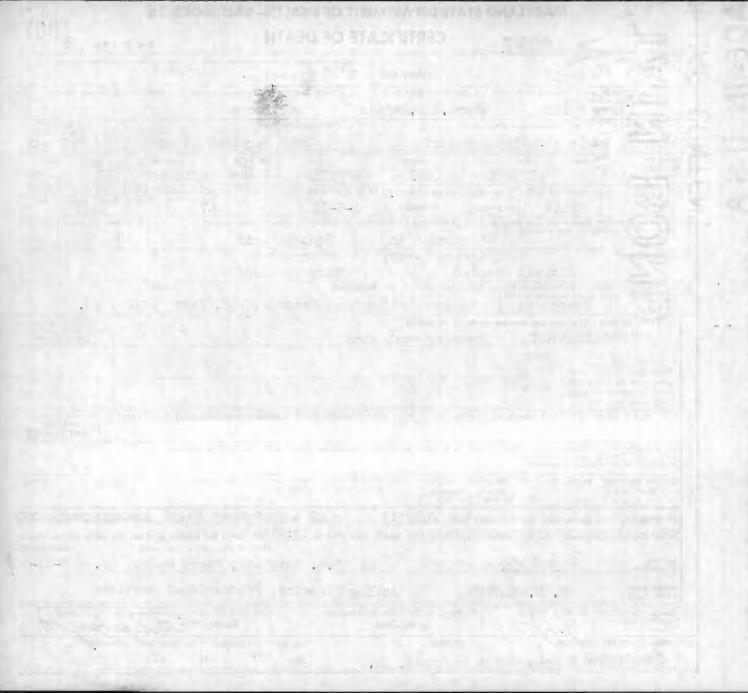
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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

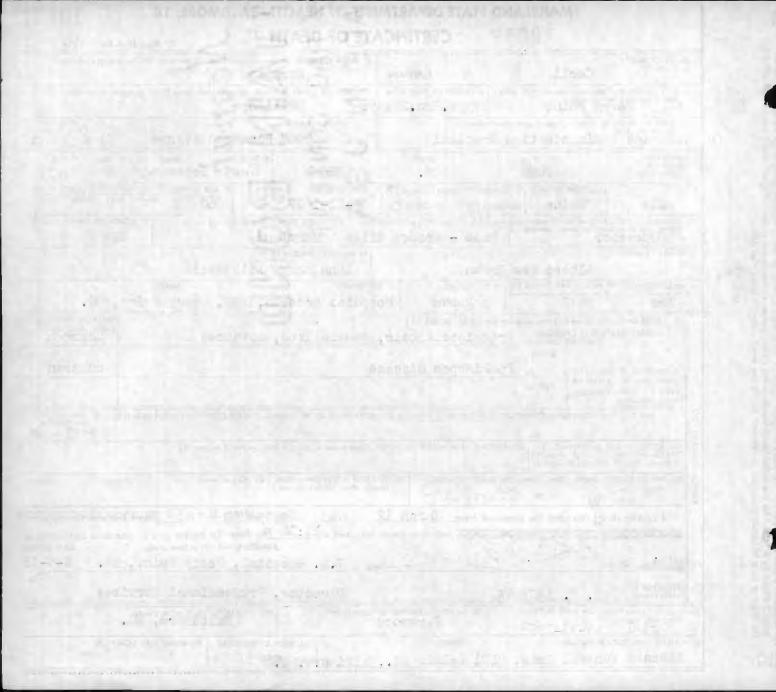
**CERTIFICATE OF DEATH** 

1.0098

Reg. Dist. No.

10077 96

		··· ·								
1. PLACE OF DEATH a. COUNTY	Cecil		MARY	LAND	2. USUAL RESIDENCE (	Where decess	ed lived. If institution b. COUNTY	on: Residenc	a before adm	ission)
b. CITY OR TOWN	(If outside corporate limit representation Point		c. LENGTH OF STAY		c. CITY OR TOWN (	If outside corp	· de	URAL and g		wn)
d. NAME OF HOSPI OR INSTITUTION Veterans	TAL (If not in hospitol, g Administrat:	ve street o	ospital		d. STREET ADDRESS		wood Aven	ue	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JOHN		Middle R.		BROWN	4. DATE OF DEATE	. Septe	_	Day 8	Yeor 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRI	D DIVORCE		9-21-1897		9. AGE (In years lost birthdoy) OO yrs.	The second second second	Days Hour	
10a. USUAL OCCUPATI during most of wo Operat	ON (Give kind of work or rking life, even if retired)		oom - Mead				country)		ZEN OF WHA	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDE					
	Albert Le	-			Anna Mar	y Stei				•
15, WAS DECEASEDEV (Yes, no. or unknown) Yes	ER IN U. S. ARMED FOR	(ES?   16. 5	unknown		FORMANT Spital Reco	rds, V	AH, Perry		, Md.	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	A sale			generalize	d, adva	anced		INTERVAL ONSET AN UNK	ID DEATH
Conditions, if a gove rise to cause (a), stating lying cause lost.  Page 11. OT	immediate DUE TO		Kinsons di			RMINAL DISEA	SE CONDITION GIV	'EN IN PART	PER	
(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED.	(Enter noture of injury	in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yea	r 20d. IN White of work	Nat while _	20e. PLAC facto	E OF INJURY (Home, for ory, street, office bldg.,	orm, 20f. (Cirefc.)	ty or town)	{C	ounty]	(Stote)
21. I certify the address of the signature of the signatu	haby attended the	LC.	od from Marc	h 12 death d	v.A. Ho	O DM, fro	m the causes of Street, city or town, Perry Po	and an the state)	Md.	oted abave DATE SIGNED 9-9-58
NAME (Type)	S. P. LACI		22c. NAME OF CEME	TERY OR			fessional Baltimor			lote)
REMOVAL ISpecify	9-11-195	3	Park	Mood			Baltimor	e, Ma		
23. FUNERAL DIRECTOR			ADDRESS			EC'D BY REGIS	/	STRAR'S SIG	NATURE Traves	
Tassauu l	Funeral Home	3, 14	Or Belair	Rd.	BaltimoreVIM	dSEP 1	158	Transie Y	. ,	



# FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any deloy is necessary, please execute the certified withing the word "pending" in pendit is Item 18. Give Poger 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yours. To Funeral DIRECTOR Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of realth are its designated agent, prior to burial, cremotion, or removal, and in any event-within 72 hours after death. I

VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		No	(1	()	7	5
an.	Dist	No.	V	V	0	(

1.	PLACE OF DEATH	ecil		MARYLAN	0	2. USUAL RESIDENCE (WIT OF STATE Md.	rere deceo	ed lived. If institu b. COUNT		Ceci.		ssion)
b	o. CITY OR TOWN III	outside corporate kmes, write \$1,	IRAL	LENGTH OF STAY IN TO		days X El	kton	R.D.4	RURAL	end give n	eorest for	wn)
0		on Hospita		ital, give street address)		d. STREET ADDRESS					ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Robert		Middle D.		Carter	OF DEATH	Month	h	14		ear 9 58
5. 5	M	W w	IDOWED	Beparanied [		9-22-1877		9. AGE (In years loss birthday) 80 yrs.	Month	Days	Hours	ER 24 HRS. Min.
10a	USUAL OCCUPATION	N (Give kind of work don life, even if refired)		nd of Business of Indu Farming	STR	Marylane		ountry)	12. 0		S.A	COUNTRY?
13.	FATHER'S NAME Joline	ettan Ca	arte	r		14. MOTHER'S MAIDEN NA Mary Ell		hediste	r			
		R IN U. S. ARMED FORCI		OCIAL SECURITY NO. 17.	IN	Beulah Pow	ell,	Address Claymo		Del	•	Sav
~	PART I. DEATH	iale couse	F	Bronchial 1	f	left femur				ONSE	VAL BETWE	EN Tid
CATION	\$1.00 CT   CT   CT   CT   CT   CT   CT   CT				-	OT RELATED TO THE TERMIN	AL DISEASI	E CONDITION GIV	EN IN P	1	P. WAS A PERFO	AUTOPSY RMED?
CERTIFICATION	200. EXTERNAL CAUPRIMARY FOR CONCAUSE OF DEATH.	SE WAS TRIBUTING (		HOW INJURY OCCURRED.		oler noture of injury in Part I	or Part II	of item 18.)	,			
MEDICAL	20c. TIME OF INJUR	***	While	Not while 10	clo	E OF INJURY (Home, form, ry, street, office bldg., etc.)	-	1kton		County) ecil		(Slote) Md.
	ACTUAL SIGNATURE		oral co	emoins described ob ouses []. Accident		.M.D. CHIEF MEDICAL EXA	MINER C	· O	Inqu	oiry [].	DATE S	
270	FUNERAL DIRECTOR'S	9/17/1	950	Charry He  ADDRESS  SIR	IR CO	REMARGRY  Cometry  240. REC D  A DATE	The second	MON (City, town, of the party o	STRAR'S	1 9		

#### FOR STATE HEALTH DEPT.

600

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10084 DICAL EXAMINER'S CERTIFICATE OF DEATH

10079

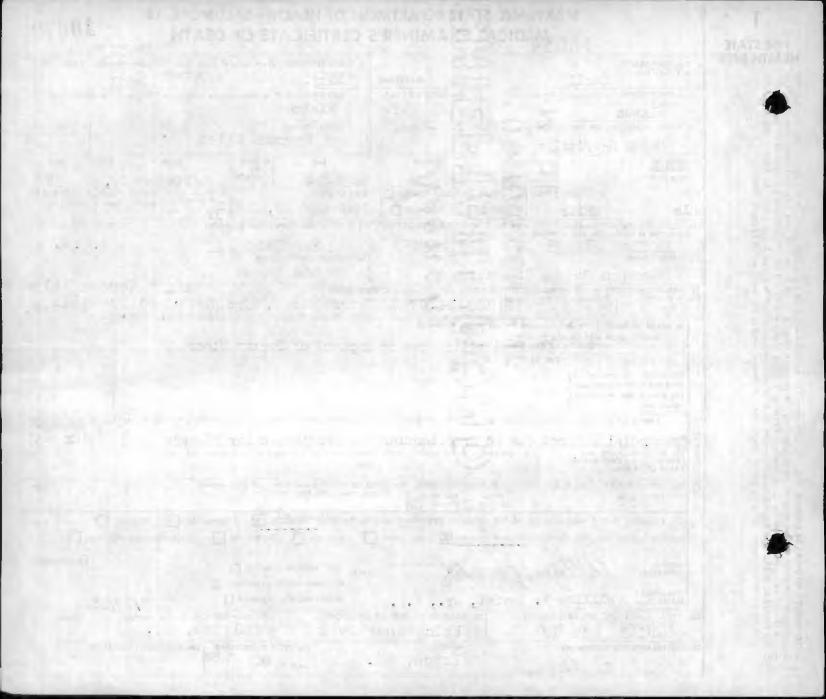
Reg. Dist. No.

1. PLACE OF DEATH	Cecil		MARYLAN		esidence (W	Vhere deceases	d lived. If institu b. COUNT		ce before ux 1	dmission)
b. CITY OR TOWN (II and give recent town)	outside corporate limits, writ	FURAL	All life	c. CITY C	-	outside corpo	orate limits, write	RURAL and	give neorest	town)
	or institution (	If not in ho	spital, give street address)	d. STREET	Norm	an Al:	len St.	)	C	RESIDENCE
3. NAME OF DECEASED (Type or print)	Fir EMER		Middle LANE	CROTHE	RS	4. DATE OF DEATH	Mont Septer		Doy	Year 188
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	_		707	AGE (In years fast birthday)	IF UNDER 1	-	NDER 24 HRS
Male	White	WIDOWE		Janua	4/	, 104	39 yrs.	Midnin D	dys Hour	a mun.
10a. USUAL OCCUPATIOn during most of working Office 13. FATHER'S NAME	g life, even if retired)	dane 10b.	Government		Maryl S Maiden N	and	untry)	12. CITIZ	U.S.	A .
Emerso	n Ralph (	roth	ers	Ma	ude H	ague				
	R IN U. S. ARMED FO		social security NO. 17 20-14-6793	Lorra	yne H	. Cro.	thers,	Holly		Aller race,
Myocardia	ER SIGNIFICANT CON  Tnfarct C  SE WAS	lue to	ONTRIBUTING TO DEATH BU  Arterioscler E HOW INJURY OCCURRED.	otic Car	rdiovas	cular	Disease	EN IN PART	1(0) 19. WA PER YES []	FORMED?
20c. TIME OF INJUR	Y Month, Doy, Yes	While		ACE OF INJURY ictory, street, offi	(Home, form, ce bldg., etc.)	20f. (City o	or town)	(Coun	(y)	(Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted from: I	Matural de la constitución de la	couses . Accident	M.D. CHIEF	de [], H	iomicide		Inquiry rmined m	DAT	and in my
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL			Gilpin Man				on (City, town.	or county)		tole}
23. FUNERAL DIRECTOR	S SIGNATURE	)	Elkton, M	đ.	24a. REC'E	OCT 1		STRAR'S SIGN		L

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be forwer to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for ye.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit This pages 1 and 2 with the Stale Boyrd of callthing its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS. A15ME

5M 2/57



OF DEATH	Reg. Dist. No. 96
SUAL RESIDENCE (Where deceased lived	
STATE Marriand b	COUNTY Baldamone

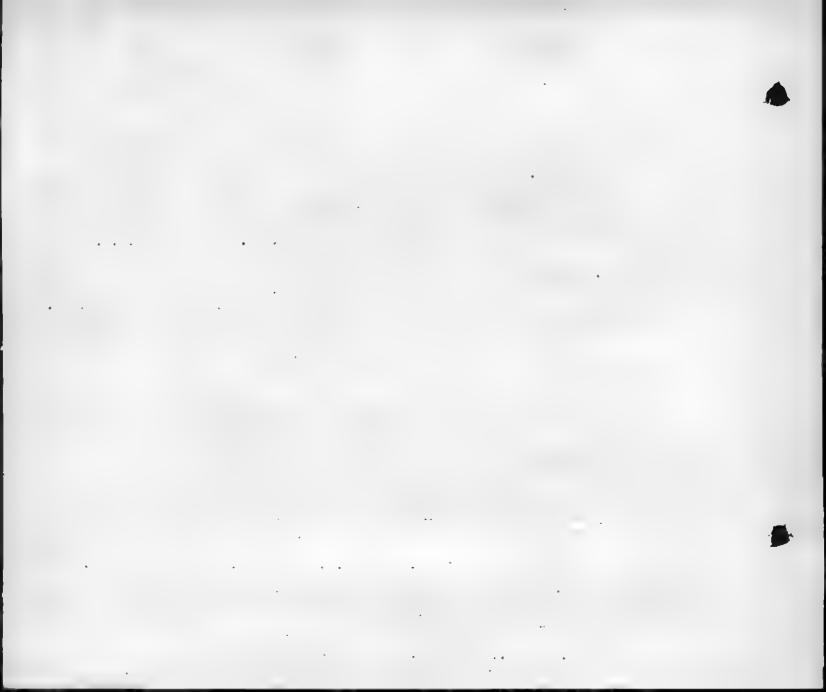
	o. STATE Marvla		d lived If in b CO		Baltome		sion)	
ŀ	c. CITY OR TOWN (If or	rhide corpo	rote limits, w	rite Rt	JRAL and give n	earest tow	n)	
	Baltimo	re		2 \	1-1 4	) COM		
ł	d. STREET ADDRESS					e IS RE		
	1119 Pine He	eights	3			YES [	NO	-3.5
	Last	4. DATE		Mont	h i	Jay	Year	
		DEATH		9		88	19	58
	B. DATE OF BIRTH		9 AGE (In	years	IF UNDER 1 YEA			
	3-15-96		62	yrs .	Months Days	Hours		Min
5	TRY 11. BIRTHPLACE (State	or foreign c	ountry)		12 CITIZEN	OF WHAT	COL	JNTRY?
	Baltimore,	Md.			U.S.A	1.		
	14. MOTHER'S MAIDEN N							
	Lily Grov	res						
)	NFORMANT			Addr	ess			
Ì	e Hospital F	lecor	HAV, si	P	erry Poi	int.	Md,	
					IN	TERVAL B	ETWE	EN
	myocardium	due 1	o deg	ene		uset and un		
-	fibrosis, l							
	c heart dise					unl	kno	own
				_				
	NOT RELATED TO THE TERMI						AUTO	DPSY
5	is generaliz	ed se	evere	- 1	ınknown	YES K		
C	). (Enter nature of injury in P	orl 1 or Par	t II of item 1	B.)				
A	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (Cit	r or lawn)		(County	1)	{	Stote)
		28		58	ANDOOR	0200	3,0	HALE .
	occurred at 10:30	M, froi	n the cau	ses a	nd on the d	ate stat	ed c	bove.
			treet, city or					SIGNED
I	vo. V.A. Hosp	ital	Peri	У	roint,	Mid.	77	シュラ

Director, Professional Services

22d, LOCATION (City, town, or county)
Woodlawn, Naryland (Slote) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE Howard Strong, 3207 W. North Ave. Baltimore "un & Traced

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10081

1		- 10100								Reg. Dist. No	
1 PL	ACE OF DEATH					2. USUAL RE	SIDENCE (W	/here decegs	ed lived If Institu	tion: Residence be	fore admission)
O.	COUNTY	cil		MARY	LAND	a STATE	Mary	land	b. COUNT	Ceci	3.
b.	CITY OR TOWN !	f autside corporate i m is, write	RURAL	c. LENGTH OF STAY	IN 1b	c CITY OF	TOWN (IF	autside corp	orole limits, write	RURAL and give n	nearest town)
	ond give nearest fow	rth East	Rd	10		₹.	North	h East	Re	1	
d			A 100 A	18 mont	AS	, d STREET			10.	<u> </u>	e. IS RES DETACE
						f	R.D.	2			YES NO
3. N	AME OF	Fir	ut :	Middle		Los		4. DATE	Mont	h Day	Yeor
	ECEASED ype or print)	Bett	V	M.		Dun	n	OF DEATH	9	3	19 58
5. SE	х	6 COLOR OR RACE	7 MARRI	ED NEVER MARRIED	В	DATE OF BIRTI	4		9 AGE (in years	IF UNDER TYEAR	IF UNDER 24 HPS
f	emale	white	WIDOWE	D DIVORCED [		12-5	,1929		foil birthday)	Manths Days	Hours Min.
10a.	USUAL OCCUPATI	ON (Give kind of work	dane 10b. I	KIND OF BUSINESS OR	INDUSTR					12. CITIZEN O	F WHAT COUNTRY
đu	ring most of worki	ng life, even if retired)					Ne	w York		TI.	SA
13. F	ATHER'S NAME	WILL C				14. MOTHER'S			h		011
		Orley Benn	ett				Etta	Tones			
		ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT	2000	301140	Address	a service serv	
[Yes, I	no, er unknown)	(It yes, give war or dates of	service)	unknown		Ethel P	ettev	s Wi	Iton N.Y		
		TH [Enter only one cou	se per line		J		0000	,,,,			RVAL BETWEEN
		TH WAS CAUSED BY:								ONSI	LT AND DEATH
	P	IMMEDIATE CAUSE (6)	C	raniocerebr	'AL	injury.					-
		DUE TO									
	Canditions, if a gave rise to imme										2 (4-4-
1 1	(a), stating the										
_	couse last.	) (c)									
ğ	PART H. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	4 SUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART I(a)	9. WAS AUTOPSY PERFORMED?
131											YES 🔣 NO 🗍
CERTIFICATION	200 EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH	USE WAS	b DESCRIB	E HOW INJURY OCCUR	RED (Er	iter nature of in	Hury in Port	Lar Port H	of item 18.)		
	CAUSE OF BEATH.		S	truck with	blui	nt inst	rument	t.			
WEDICAL	20c. TIME OF INJU	RY Month, Day, Yes	1 20d	INJURY OCCURRED 20	e PLAC	E OF INJURY (	Home, form	20f fCity	or tawn)	(County)	(State)
팋	Hour e. m.	9/3 15	8 While	e Notwhile ork of work	rucio	Home	r biog., arc.,		orth Eas	t Cecil	L Md.
	21 1 certify t	hat I look charge		remains described	abov		Autopsy		spection .		1.434
l l				duses []. Accid	_	_	-	lomicide	-	rmined manne	_
	7	LOV				_,,	١٠٠٠ - ١٠٠١		Land, Orlidere	THE THURSDAY	
	ACTUAL	1/1/11/1-	47	21011m		CHIEF A	AEDICAL EX	AMINER 🗍			DATE SIGNED
	SIGNATURE	0224	116			_M,D,		AL EXAMINE	L.A.		9/4/58
	EXAMINER'S	n 7 n	~ •	. M. D.				XAMINER [			3/4/30
1		Paul F. (		1. M.D.	PY OF		the second		ION (City, town,	ar nounby	IFA-PA-N
1.70.	REMOVAL (Specify			AND DE CEMETE	AT UNI	LACMATORY					(State)
23 6	UNERA DIRECTO		20	ADDRESS			240 8501	Warr	ensburg,	Warren (	CO., N.Y
23	73.00	2 Or Fran	nt.	MOTILC:	ale	mal	DATE	P 8 '5	0		
	-(-/					N	DATE		Ch	Thun & the	th

TI DE UTY MEDICAL ELIMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate withing the ward "pending" in pending in 18m. (3. or 6. or 6 VS. A15ME 5M 2 57





**CERTIFICATE OF DEATH** 

Par Dist No

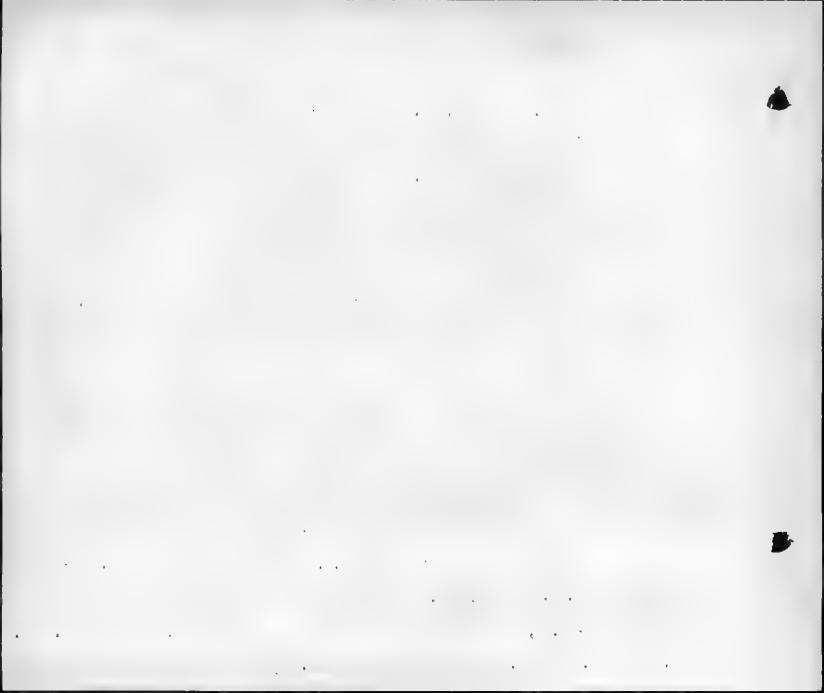
	V / /					Ke gr u	7 7 7	
1. PLACE OF DEATH a COUNTY	Cecil	MARYLA	- 11	USUAL RESIDENCE (When STATE Pennsy		. If institution: Reside b. COUNTY	ence before admission)	
b CITY OR TOWN RURAL and give	(If outside corporale limits, w	rile c. LENGTH OF STAY IN	1b	c CITY OR TOWN (IF ou		mits, write RURAL and	give nearest town)	
W.	Point. Md.	29yrs.9mo.28	days	Wilkin	sburg	7		1
d NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, give	street address)		d STREET ADDRESS			e IS RESIDEN	CE
Veterans	Administrati	on Hospital		1033 Wal	Llace Ave	enue	YES NO	
3 NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	Day Year	MIT-
(Type or print)	JOSEF	H L.		ESCHER	DEATH	Septembe	r 4 195	8
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		ATE OF BIRTH	_ four		R TYEAR IF UNDER 24	
Male	White  wi	DOWED DIVORCED	IA C	pril 25, 189	)1   "(	7 yrs. Months	Days Hours M	lin
100. USUAL OCCUPAT	ION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. C	ITIZEN OF WHAT COU	NTRY?
Mecha		Steel Company	У	Pennsylva	ınia		USA	
13 FATHER S NAME			14	MOTHER'S MAIDEN N	AME			
	Phillip Es	cher		Katherine	Kenny			
15 WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFO			Address		
Yes	(If yes, give wor or doles of service	unknown	Hos	oital Record	ls, VAH,	Perry Poi	nt, Md.	
18 CAUSE OF DE	ATH [Enter only one couse	per line for (a), (b), and (c) }		No. of the second secon			INTERVAL BETWEE	EN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary occl	usior	1			immediat	TH Se
H-01.01, 1	DUE TO					***		
Conditions, if	any, which ) (b)							
gove rise to	immediate (							
lying couse lost	g the under-							
Part II. O		ONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTO PERFORMED YES NO	0?
	VAS UNDERLYING THE 206 OF DEATH Y MEDICAL EXAMINER	. DESCRIBE HOW INJURY OCCU	JRRED (E	nter nature of injury in Po	art I ar Part II of	item 18.)		
ZOC TIME OF INJU	19	20d INJURY OCCURRED 20d While Not while of work at work	e. PLACE ( factory.	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or to	vn)	(County) (S	itate)
21. I certify I	hat Kattended the de	ceased from Novembe	r 6	, 19 28 , to Set	otember 4	19 58 ACADA		000
AND GRADOUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	10000 and that de						
	1 / Al	100				ily or town, state)	DATE S	
ACTUAL SIGNATURE		Reeva	M.D.	V.A. Hospi	tal, Per	rry Point,	Md. 9-4-	-58
PHYSICIAN'S NAME (Type)		CERVA, M.D.		Director,	Profess.	ional Serv	ices	
22a. BURIAL, CREMATI REMOVAL (Specify		22c. NAME OF CEMETER	RY OR CR	EMATORY	22d. LOCATION (	City, tawn, or county)	(State)	
Removal	Sept. 4, 1	958 Calvary	Cemet		Wilkens		egheny Co.	Pa
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		24a. REC'D	BY REGISTRAR	246 REGISTRAR'S S	IGNATURE	

Wm. Cook Inc. 1217 St. Paul Street, Raltimora, MCAIE COOR

may be retained by 1.2 hospital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and campletely filled in by the function page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages? I and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 10/57



FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certification writing the word "pending" in pendil in them. 18. Give Pages 1, 2, and 3 to the funeral of reflection of should be forw.

1. Should be forw.

1. To FUNERAL DIRE 100K: Page 3 should be used as a burial-transit permit, from PM3. Page 5 may be retained for the state of the property or its designated agent, prior to burial, cremation, at removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

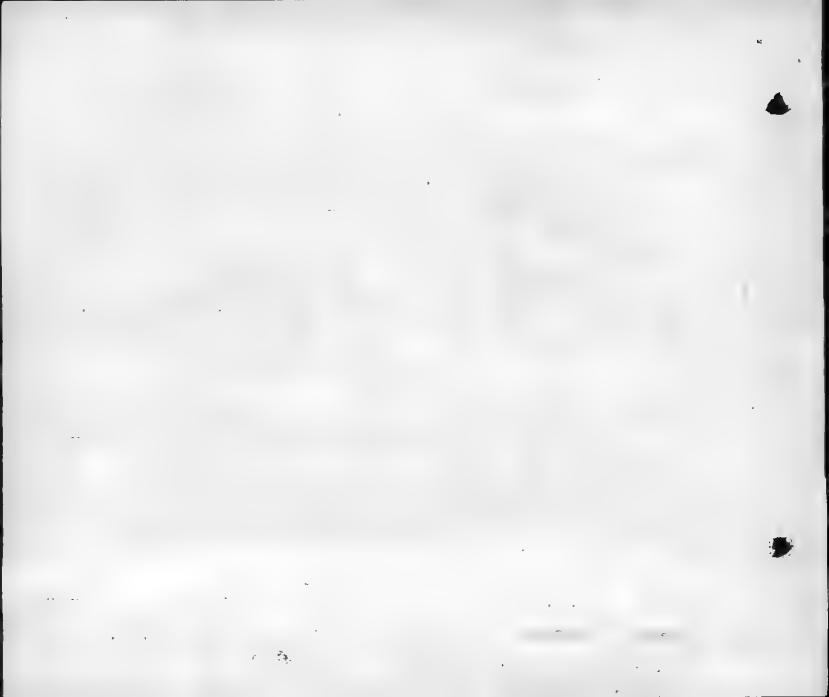
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9084 Reg. Dist. No.

1. PLACE C	OF DEATH	Cecil		MARYLAND	2 USUAL RE • STATE		Where deceased			before admission)
	ive negres townt	y Point	E RUPAL	Less than 24	H.		outside corpo		RURAL and gi	ve neorest town)
d. NAME	OF HOSPITA	L OR INSTITUTION (	I not n hos	pilol, give street oddress)	d. STREET	ADDRESS				B IS RES DENLE
Veter	ans Ad	ministrati	on Hos	spital		Cł	napel R	oad		YES NO
3, NAME O	ED	Fir		Middle	Los		4 DATE OF	Mont	_	Doy Year
(Type or	print)		LIAM	E.	FLETCH	DIR.	DEATH			16 1958
5. SEX		6. COLOR OR RACE	7 MARRIE	D A NEVER MARRIED	B DATE OF BIRT		5	AGE (In years fost birthday)		EAR IF UNDER 24 HRS
Ma	le	White	WIDOWED	DIVORCED [	1-26-9	5		63 yrs	Months Day	ys Hours Min
during m		life, even if retired)	done 105 K	UNKNOWN		rylanc		intry}	12. CITIZEN	OF WHAT COUNTRY
13 FATHER	SNAME				14 MOTHER'S	MAIDEN I	NAME			
		Columbus	Fleto	cher	Julia	a Kate	Trout	wine		
				SOCIAL SECURITY NO 17	NFORMANT			Address		
Yes no ar u	S S	WW I	service)	unknown Ho	spital H	Record	is, VAH	, Perry	Point,	Md.
		H Enter only one cau	se per l'ne	for (o), (b), and (c).			day bedrained		=- <del>-</del>	INTERVAL BETWEEN ONSET AND DEAT (
	PART I. DEATE	H WAS CAUSED BY:		cardial fibro	eie car	Uere			1	ONSET AND DEAT I
11	40.0	MMEDIATE CAUSE (6)	Tru y	Juan dial Tipic	010, 00	VCI C				
Cond	lions, if on		Assi	teriosclerotic	heart o	diseas	20			
gove 1	ise to immed	iota cousa	- AL	POT TOPOTOT OFF	noar o		30			
(0), si	oting the u	nderlying (c)								
				INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART II	oille, WAS AUTOPSY
ICATION			Arte	riosclerosis g	enerali	zed se	evere			YES TO NO
PRIMA CAUSE	CTERNAL CAU RY OF OF CON OF DEATH.	SE WAS	b DESCRIBE	HOW INJURY OCCURRED	Enter noture of i	njery in For	rt I or Part (1 o	f Item 18.)		
0	ME OF INJUR four o m p m	Y Menth, Doy, Yee	While	NJURY OCCURRED 20e. Pt.  Not white for rk of work	CE OF INJURY   fory, street, office	(Home, form e bldg , etc	n. 20f. (City o	or fown)	(County	(51ote)
21.1	certify th	at I took charge	of the r	emains described ob-	ove, held an	Autops	y 🕱 Ins	pection 😿	Inquiry :	k, and in my
opini	an death	resulted from:	Natural o	auses 🛨 , Accident	, Suicid	le 🔲,	Homicide	, Undete	ermined ma	nner 🔲
ACTU. SIGN/	AL STURE	Vleu	)-0	elven	M.D. CHIEF	MEDICAL EX	XAMINER []			DATE SIGNED
					ASSIST/	ANT MEDIC	AL EXAMINER			
	HVER'S (Type)	R. C. D	ODSON		DEPUTY	MEDICAL	EXAMINER [2			9-17-58
		N, 725 DATE THEREC		22c NAME OF CEMETERY O	CREMATORY		22d LOCATI	ON (City, lown,	or county)	(Stole)
400.	VAL (Sperify)	9/20/	58	Grove Presby	terian C	hurch	Yard	Aberde	en, Md.	
	AV DIRECTOR"	aid 4/		ADDRESS		240 REC	D BY REGISTR		STRAR'S SIGNA	
404	M H	arringAbe	erdeen	, Maryland		DATE	2 3 '58	Ct	vin 8 tha	as.

VS. ATSME 5M 2, 57

John G. Tarring



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3 . 

b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest to and give nearest town)  Frederick town  d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, g.ve street address)  Third Plun  Fugare  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest to and give nearest to any one of the property of t	1,	PLACE OF DEATH	Cecil		MARYLAN	O. STATE		There decease	d lived. If institu b. COUNT	Y Cec	
DECEASED (Type or print)  Thirly  S. SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  DIVORCED  B. DATE OF BIRTH  9. AGE (In year) foot birthdoy) yrs.  Manths  Days Manths Manths  Days Manths  Days Manths Manths  Days Manths  Days Manths Manths  Days Manths Manths  Days Manths Manths Manths Manths  Days Manths		Frede:	rick town		NGTH OF STAY IN T	b c. CITY C	OR TOWN (II	autside carpe			
How usual occupation (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  That  Infant  13. FATHER'S NAME  Rodney William Hines  Rodney William Hines  Agnus Delores Williamson  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  If a mother's maiden name  Rodney II, Hines., Fredericktown  18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).)  PART F. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Bronchial Pneumonia  Due to  Conditions, if any, which (b)  gove rise to immediate cause		DECEASED (Type or print)	Thirlun  6. COLOR OR RACE	MARRIED [	IGONE NEVER MARRIED	Hin DATE OF BIR	OS -	OF DEATH	P. AGE (In years foot burthday)	IF UNDER TYEAR	5 19
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Rodney II, Hines, Fredericktorn, 14  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause		during most of working Infat	ng life, even if retired)	one 10b KIND C	OF BUSINESS OR IND	E	lktor	ı, lid	untry)		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART F. DEATH WAS CAUSED BY:   MAMEDIATE CAUSE (o)   Bronchial Pneumonia    Due to     Conditions, if any, which   (b)     gover itse to immediate couse		. WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16. SOCIA	the late of the la	. INFORMANT			Address		n. 144.
couse fost. (c)		Conditions, if coordinate to imme (a), stoting the	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO DOINT, which digite cause underlying DUE TO							INT	ERVAL BETWEEN

CERTIFICA 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year i 20f. (City or town) factory, street, affice bldg, etc.) Hour a.m. Nat while ol wark at work 📋 p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy 🗍, Inspection 🏋 Inquiry 🕱 Suicide , Homicide , Undetermined manner opinion death resolted from: Natural causes TX Accident T.

DATE SIGNED CHIEF MEDICAL EXAMINER

ALC: VALUE OF

R. C. Dodson

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORS 27a. BURIAL CREMATION ADDRESS

22d. LOGATION (C)

(County)

(Stote)

and in my

(State

2% REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

4 should be forw 10 FUNERAL DIRECTOR or its designoised agent VS A15ME 5M 2/57

DEPUT

EXAMINER'S

NAME (Type)

writing the to the Ch



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Rea. Dist.	No.					

				11091 013	11 1101
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who		institution: Residence COUNTY	re before admission)
b CITY OR TOWN (If autside corporate limits, wri RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporate limits,	, write RURAL and g	ive negrest fown)
d NAME OF HOSPITAL (If not in haspitol, give strong or institution union 4	tepital	d STREET ADDRESS			IS RESIDENCE     ON A FARM?     YES    NO
3 NAME OF DECRASED (Type or print)  The residence of the	Middle Middle	// //	4. DATE	Month,	Day Year 8 1958
female Nogeo WID	MARRIED NEVER MARRIED DIVORCED DIVORCED	Sept 14, 1	900 57575	yrs, Months	Days Hours Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  H.S. Cu.f.,	106. KIND OF BUSINESS OR INDU	Worne CA	, may	love. 12. CITI	ZEN OF WHAT COUNTRY?
13 EATHER'S NAME		14. MOTHER'S MAIDEN NA			
Theodore Lambe: 15. WAS DECEASED EYER IN U. S. ARMED FORCES?		Laura	vear	Address	
(Yes, no or unknown) [(if yes, give was or dates of service)		thur Hol in	gsworth-		,Md.
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  TO  Conditions, if any, which gave rise to immediate cause (c), stoting the under- lying cause lost.  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gove rise to immediate cause (c), stoting the under- lying cause lost.		he Heat		Vent. Tib	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIO  20g ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pa	irt I ar Part II af item	18)	
Hour o.m.	od INJURY OCCUPRED 20e Pl hile Nai while fo work ot work	ACE OF INJURY (Hame, farm, clary, street, affice bldg , etc.)	20f (City or town)	(C	ounty) (Slote)
21. I certify that I attended the decodive on Sept 8 , 1  ACTUAL Wallow C  PHYSICIAN'S MAME (Type) Mallace C				auses and on th	ast saw the deceased the date stated abave DATE SIGNED STATE
220 BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) 9/13/58	22c. NAME OF CEMETERY O		22d LOCATION (City Bohemia	r, town, or county) a Manor	(State) Md.
23 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wilm.Del	240. REG P		IL REGISTRAR'S SIG	

pl director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physic an.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be celebrated for use as the burial-transit permit. Then pleasy-remaine carbon papers. Pages 1 and 2 shout the registrar prior to burial, cremation, or remaind, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55



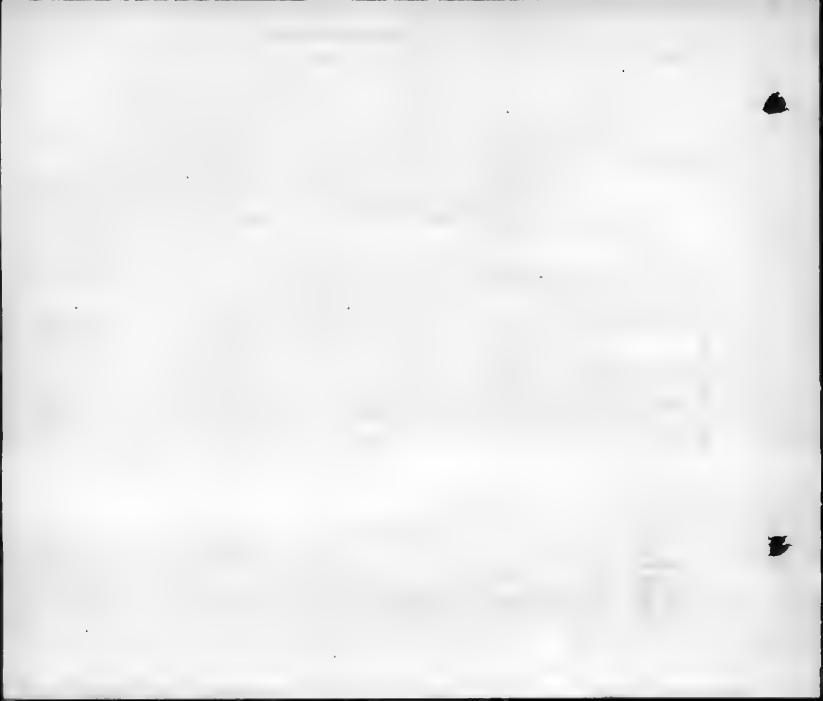
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or oftending physician.

TO FUNERAL DIRECT After this certificate has been signed by the ottending physician and completely filled in by the filled with the filled in by the filled with the filled in by the filled in by

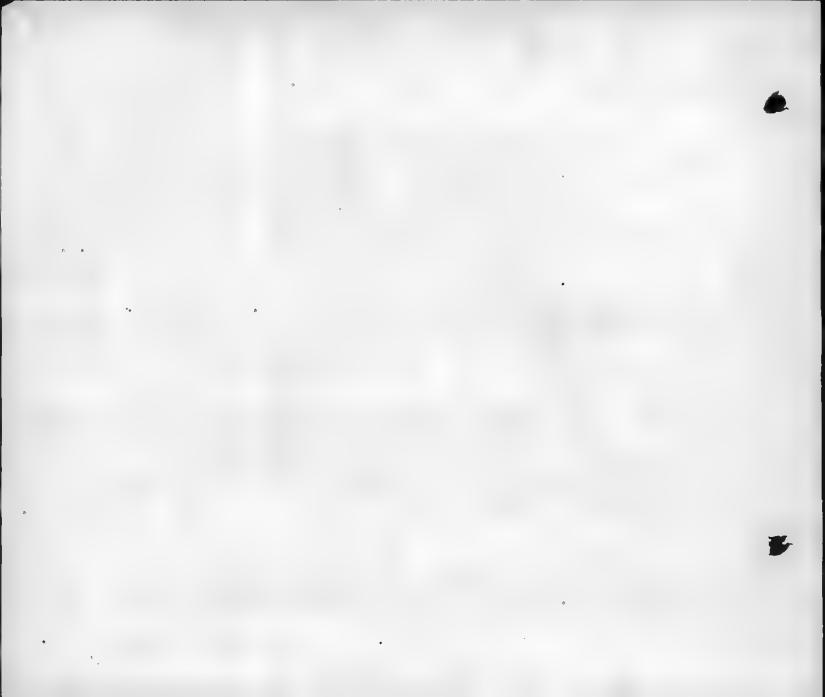
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S A1S (4) SM 9/SS	

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1. PLACE 6	BUTS	ci1			MARYLAND	2 1	USUAL RESI	Mary 1	_	d lived. If instit b COUN			e admissi	ion}
6 CITY RURA	OR TOWN (II	outside corporate fimarest town)	its, write	c. LENGTH O	STAY IN 16		c. CITY OR 1	TOWN (If or	utside corpo	rote limits, write	e RURAL and	give nea	rest town	1}
		Elkton,		2 da	ys		<	N	orth	East				
d. NAM OR II	AE OF HOSPIT. INSTITUTION	AL (If not in hospital, s	give street	oddress)			d. STREET A	DDRESS					e. IS RES	IDENCE FARM?
		Union Ho	spita	al										NO 🔽
3. NAME (	OF SED	Fii			Middle		Las	t .	4. DATE OF		lonth	Do	y 3	Yeor
(Type or	r print)	Ida			R		uston		DEATH	Sept.		23		19 58
5 SEX				RIED NEVER	******	B DA	TE OF BIRTI	Н		P. AGE (In year lost birthday	/ IF UNDE	R 1 YEAR Doys	Hours I	R 24 HFS,
	nale	White	WIDOW		VORCED 🔲		ne 11,			85 y	rs Womin's	Doys	Indura	MIN
10o. USUA during	L OCCUPATIO I most of work	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSIN	HESS OR IND	USTRY					12. C	TIZEN O	F WHAT	COUNTRY
		usewife					No1	rth Ea	st, Ma	ry Land		US	A	
13. FATHER	'S NAME					14	MOTHER'S	MAIDEN N	AME					
	Ş	tenhen J.	Croud	ch			F	Rache1	Lake					
TS, WAS D	ECEASED EVER	TIN U. S. ARMED FOR	CES? 16	SOCIAL SECURI	TY NO 17.	INFOR	MANT			A	ddress			
				None		]	H.Clif	ford	Huston	n No	orth E	ast,	Md.	
TB C	AUSE OF DEA	TH [Enter only one co	ouse pes li	ne for (o), (b), g	nd (c) }					- /			RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY	Cor	onary b	celorica	· Wit	4 A10E	artial	Luta	retion		ONS	Z AND	ADEATH PV_
14.	20.1	DUE TO			1	4.	1	1						
Conc	ditions, if or	y, which )	. H4	pertensive	Cardi	Vas	untar 1	Kinel	Dise	110		1	2 40	20)
gove	e rise to in	nmediate ( DUE TO	1//										-/	
	e (a), stating t   couse last.	ne under-	1			-								
2	PART IL OTH	ER SIGNIFICANT CON		CONTRIBUTING	TO DEATH BU	JT NOT	RELATED TO	THETERMIN	NAL DISEASI	E CONDITION O	SIVEN IN PA	RT 1(0) 1	, WAS /	AUTOPSY
OR CO						_							PERFO	NO 2
	NTRIBUTING	S UNDERLYING U CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJ	URY OCCUR	RED, (En	ter noture o	finjury in P	ort I or Part	I II of item 18)				
	ME OF INJURY	f Month, Day, Ye		NJURY OCCURP	D 20e	PLACE C	OF INJURY I	Home, form,	20f (City	or town}		(County)		(Stole)
WED	Hour o.m. p.m.	19	While of wor	k of work	_ (	DC1077.	sireer, office	· blog , erc.)		-			-	
21. 1	certify the	at I attended the	deceos	ed from 2	15.41	4	1953	, to 2	135-01	195	Y that I	last so	w the	decensed
alive	απ	22 SINK	19.4	ond.	that deat	h acc	urred at.	3:30A	M from	n the couses				
		111 / 11	11	,			. /			reat, city or Jaw		ine out	DA	TE SIGNED
ACTUA	LL TURE	Clives H.	/ fue	hor		_M.D	No	, fl E	1.4	Rd		2	35.11	158
PHYSIC	CIAN'S : (Type)	Klausi	4. 1.	tuchu	c. A.	1)								
	L, CREMATION	N, 226. DATE THEREC	)5	22c. NAME O						ION (City, town			(State	e}
Bur	ial .	9/23/58		North	East M	etho	odist	Cemet	ery, 1	North Ba			1.	
23. PUNERA	AL DIRECTORS	SIGNATURE	_	North E	st Ma	ws: 1 c	and	24a REC'D	BY REGIST		GISTRAR'S SI		-	
Tos	1	frank		NOTE OF B	a , Ma	T) T	THE .	DATE SE	P 2 9 '5	i8 C	Irih 7 8	Than	4	
7														



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. LTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) e. COUNTY Cec. b. COUNTY Tiogo Pa. MARYLAND b. CITY OR TOWN III owhide corporate firmly, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) Visiting Tiberty Township Earlville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 110 17 Pleasure Shores 3. NAME OF 4. DATE First Middle Month Yeor DECEASED (Type or print) Kline DEATH Colby 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ 8. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER TYEAR IF UNDER 24 HRS. fort birthday) 3-28-1936 Months Days Hours WIDOWED | DIVORCED [ 22 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) 5 Chester, Pa. U.S.A. Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Ponte fract 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Chester, Pa. 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Drowned IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED2 NO F 200. EXTERNAL CAUSE WAS PRIMARY Too CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18) Swimming in Elk River 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 1 20f (City or lown) Month, Day, Year (County) (Stole) factory, street, office bldg., etc.) of work | st work | Cecil 21. 1 certify that I taak charge of the remains described above, held on Autopsy [...], Inspection [...], Inquiry [X], opinion death pesulted from. Natural causes ... Accident ... Suicide ..., Homicide ..., Undetermined manner ... DATE SIGNED ACTUAL SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER IT **EXAMINER'S** R.C.Dodson 9-28-58 DEPUTY MEDICAL EXAMINER [2] NAME (Type) 220. BURIAL CREMATION, 226, DATE THEREOF (Stole) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 70-1-58 Salen Cem Liberty FUNTERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR VS. A15ME DATE OCT

5M 2/57



FOR STATE HEALTH DEPT.

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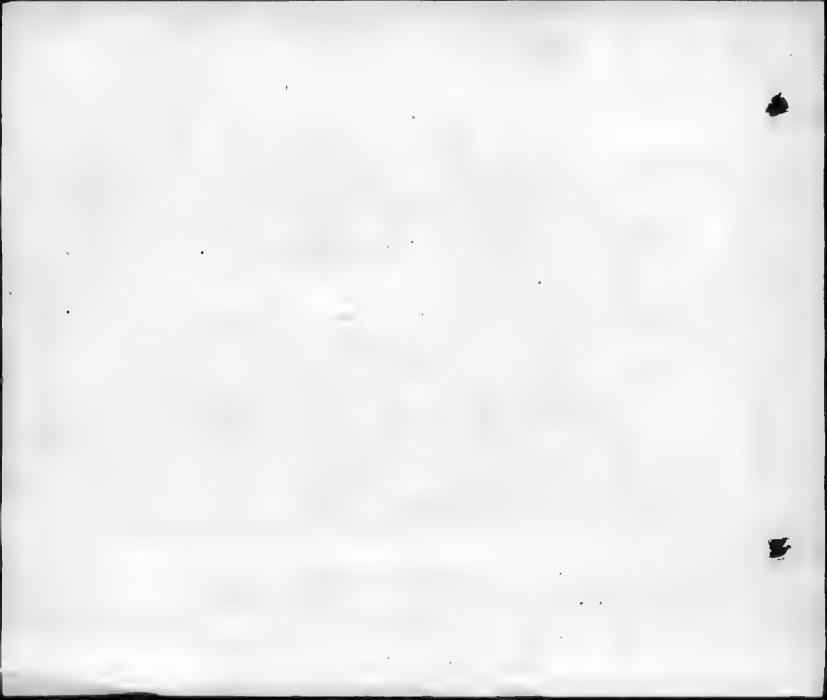
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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_		10107		///////////	CERTIFICATE OF DEP	Reg. Dist. No	
1,	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived	. If institution Residence bef	fore admission)
	d. CODAIT	Cecil		MARYLAND	o STATE P3	countilaware	1
	b CITY OR TOWN (IT	outs de carparate limits, writ-	e FURAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate li		eorest town)
	Hacks	Point		6 mp.	Drexel Hill		47
	d NAME OF HOSPITA	AL OR INSTITUTION (	If not in hosp	ital, give street address)	d STREET ADDRESS		e IS RESID IN F
-	The second second second	Point _		Time To the Control of the Control o	56_Revere Road A	ppart 3	AFE UNO
	NAME OF DECEASED	Fir	51	Middle	Lost 4. DATE	Month Day	Yeor
_	(Type or print)	Hulton	1	Иске		9 16	19 58
5.	SEX 3.4			D TONEVER MARRIED 8		rthdaul t	Hours Min
_	M	W	WIDOWED		0-59 - 1900	58yrs.   Months   50yr	
100	LSUAL OCCUPATION	ON (Give kind of work og life, even if retired)	dane 10b Ki	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12 CITIZEN O	F WHAT COUNTRY?
	Forean	,		Paints Dupon	t <u>Coatsvill, Pa</u>		3 . A .
113	FATHER'S NAME				14. MOTHER'S MAIDEN NAME	· ·	
_		liam J.	McKed		Alice Hulton	Day 200-7	-1111 T T
15 [Ye	. WAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Address Drexel	Tilli Pa
	no			164-05-8419	Harriet McKeowan,	56 Revore	Rd.
		TH [Enter only one cou	ne per line f	or (a), (b), and (c). ]	,	INTER	T AND DEATH
	PART   DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Acute Coro	nary		
	420.	/ DUE TO					
	Conditions, if or						
	gove rise to immed (o), stoting the u						area. a
	couse lost.	(c)					
20	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	P. WAS AUTOPSY PERFORMED?
CATION						1	YES NO T
CERTIFI	200. EXTERNAL CAL PRIMARY   or CON CAUSE OF DEATH.	ISE WAS TRIBUTING []	b DESCRIBE	HOW INJURY OCCURRED. (En	for nature of injury in Part I or Part II of item	18 )	
	20c. TIME OF INJUR	RY Month, Day, Yes	T204 II	JULIEV OCCUPPED 200 PLAC	E OF INJURY (Home, form, 120f. (City or town	100	
MEDICAL	Hour o.m.	19	While	Not white facto	y, street, effice bldg., etc.)	(Caunty)	(Stote)
3	21. 1 certify th			hand hand	e, held an Autapsy . Inspecti	ion FK Januisy FK	and in my
		0		auses 🔼 Accident 🗆		Undetermined manne	
		111101	7	A ACCIDENT	j, solcide [], Malificide [],	Drideterilined manne	ir [_]
	ACTUAL SIGNATURE	XXX	40	clapu	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
	STONATORE P.				ASSISTANT MEDICAL EXAMINER		
	EXAMINER'S NAME (Type)	R.C.Dodso	n		DEPUTY MEDICAL EXAMINER	9-16	<del>-</del> 58
270	BURIAL CREMATIO	N 226 DATE THEREO	F ]	NAME OF CEMETERY OR	REMATORY 22d LOCATION (CI	ty, town, or county)	(State)
	Reliova	1 9-16-	58	West Chester	Chester Co. Fer	na.	
23	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	1. 4	246. REGISTRAR'S SIGNATUR	E
1	espir dun	wel Home A	anold,	m. Re Clast	DATE SEP 1 7 '58	arthur S. Ku	wa
	7 T	_			the state of the s		the same of the sa

THE DIPUTY MINICAL EXAMINER: This certificate should be executed within 24 flours of the fleath. If any delay is necessary, please execute the certificate writing the ward "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the foneral direction to should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremotion, or removed, and in any event within 72 havrs after death. VS. ATSMI 5M 2157



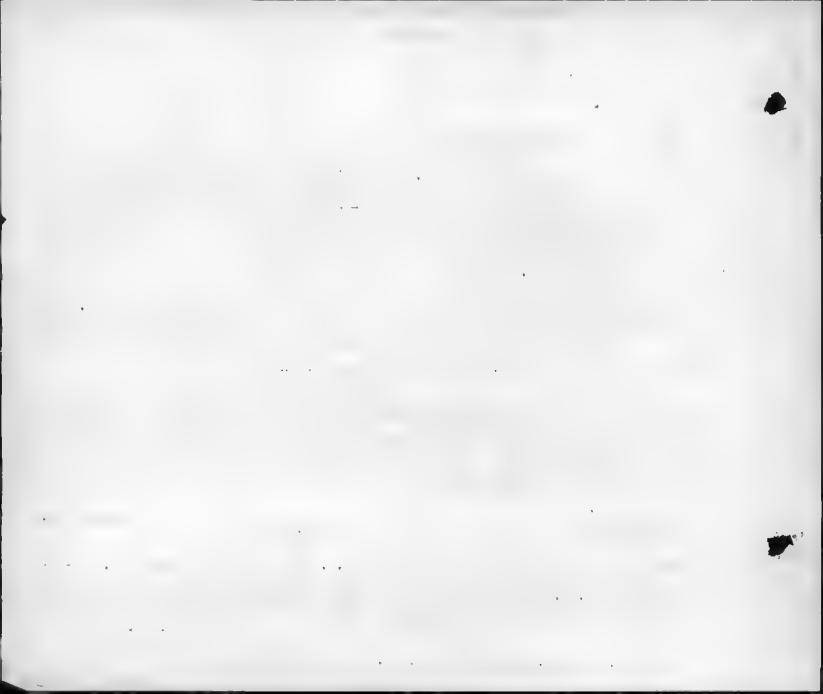
To HOSPITAL OR ATTENDING PHYSICIAM: The tom requiments that the doubt certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55 e de

	10100	CERTIFICA	ATE OF DEATH	Re	g. Dist. No.
	COUNTY COCIL	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lives. If institution: R	esidence before admission)
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	x Risin	ide corporate limits, write RURAL	
	NAME OF HOSPITAL Whot in hospital, give street OR INSTITUTION		, d. STREET ADDRESS	Terry Str	e is residence on a farm? YES   NO
	VAME OF DECEASED Type or print)  EX   OCOLOR OR RACE   7- MARI	Middle	melley	DATE Month OF DEATH  September 19 AGE (In According 19 AGE)	Day Year 19. 19.58
1	-ende white widow  USUAL OCCUPATION (Give kind of work done 10b.		8. DATE OF BIRTH 188  2//2/188  STRY (11. BIRTHPLACE (Slote or	2 lost birthdoy) Mo	NDER 1 YEAR IF UNDER 24 HRS.  nths Days Hours Min.  2 CITIZEN OF WHAT COUNTRY
L	during most of working life, even if retired)	Home	14. MOTHER'S MAIDEN NAM	gland?	USA
15.	WAS DECEASED EVER THE U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. 1	) da	Whitel	-k
{Y+	18. CAUSE OF DEATH [Enter only one couse per Ji	none !	Stanley Mc	Vey Ris	ing Sun Mil
	PART 1. DEATH WAS CAUSED BY:	areu	noma	of illere	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	returnt	redin	oleolor	1
ZO	lying couse lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY
CERTIFICATION			D. (Enter nature of injury in Part		PERFORMED? YES NO
MEDICAL CE	20c. TIME OF INJURY Month, Day, Year 20d I		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	[County] (State)
MED	Hour a. js. 19 While of war.  21. I certify that I attended the decease	k ot work	1957 to 9	1-14 195 Eth	of I last saw the deceased
	olive on 9 19 19.	ond that death			on the date stated above.
	ACTUAL SIGNATURE OF DATE OF DA	och per	M.D. Dia	ung su	MA 9-2038
220	PHYSICIAN'S NAME (Type)  BURIAL, CREMATION, 22b. DATE THEREOF  BERMOVAL (Specify)	22c. NAME OF CEMETERY O	CREMATORY 22	d. LOCATION (City, town, or cou	unty) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	24a. REC'D 8	Colvert Co W REGISTRAR 246. REGISTRAR 2 3 58 Goldwa	
	Kalph M Green, E	Rungsu	n Md DATE	Certhan	S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH 10088 Rea, Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND A.C.1 C.P.I b. CITY OR TOWN (If aulside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO [7] NAME OF 4. DATE First Middle Losi Month Year Day DECEASED DEATH (Type or print) 1958 5. SEX 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Months Dovs Hours DIVORCED | WIDOWED [ papers. 106 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond B carban offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician поче 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANI Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 605. 104 IMMEDIATE CAUSE (o) DUE TO á Au0 permit. Conditions if ony, which (6) signed gove rise to immediate DUE TO cause (a), stating the underpup lying couse tost. PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO X 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day. 20d. INJURY OCCURRED (Stole) (County) factory, street, office blog., etc 1 Haur a.m While Not while at work of work 1958 that I last saw the deceased 21. I certify that I attended the deceased from alive an M. from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIREC prior å should PHYSICIAN'S NAME [Type] FUNER, 220. BURIAL CREMATION 2250 DATE THEREOI 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown or county) (Stole) REMOVAL (Specify) 9 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 5 '58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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VS A15 (4) 15M 9/55

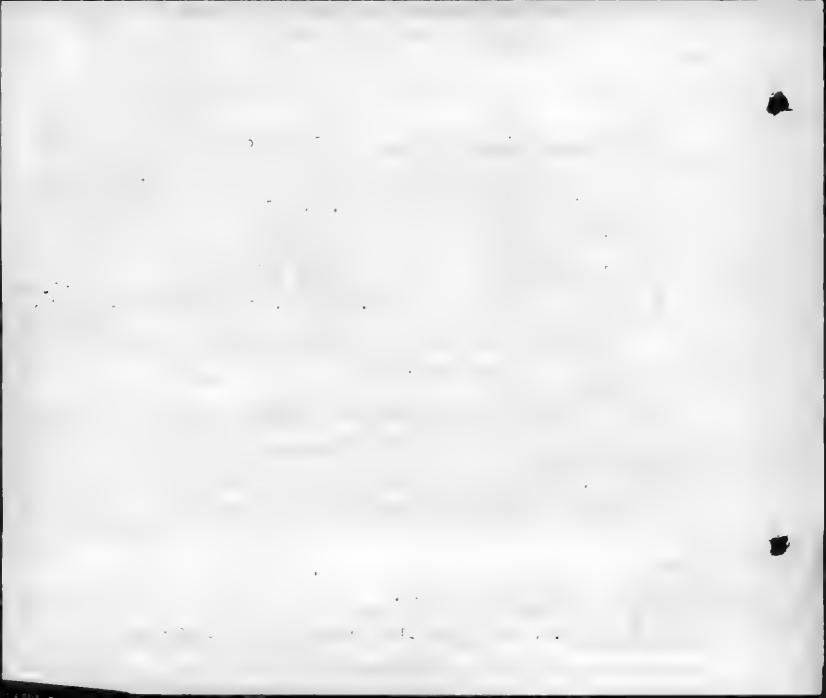
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10095

10089 CERTIFICATE OF DEATH

Rea.	Dist.	No	

),(7)	703			Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Cecil	KARTANI	2. USUAL RESIDENCE (WHO a. STATE Delaws	ere deceased lived. If institution b. COUNTY	Residence before admission) New Castle
b. CITY OR TOWN (If outside corporate limits, w	rile   c. LENGTH OF STAY IN 16	CITY OF TOWN III o	utside corporate limits, write RUR	
RURAL and give nearest town) Elkton		Newark	sisted corporate names, write kor	Yr oug dive series lowel
d. NAME OF HOSPITAL (If not in hospital, give a	street address)	d. STREET ADDRESS		e. IS RESIDENCE
Devine Haven Nurs	ing Home	Elktor	Road	ON A FARM?
3 NAME OF First (Type or print) A 1 1	.ce Rebecca M	leredith	4. DATE Month Sep	t. 5,1958 19
	MARRIED NEVER MARRIED DOWED DOWED DIVORCED	Sept. 9,187	Anna Linda III	Wonths Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	10b. KIND OF BUSINESS OR INDUS	STRY 11. 8IRTHPLACE (S1010 Delawa		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Franklin Eastbu		Mary E	Ellen Ruth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no. or unknown) (If yes, give war or doins of service)	10. 100	rs.Beulah E.	Lewis Elkto	Del.RD n Rd.,Newark,
20c. ACCIDENT WAS UNDERLYING I 20b. OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Corebral hemo Arterioscleros  ONS CONTRIBUTING TO DEATH BUT  Pratitial nephr  DESCRIBE HOW INJURY OCCURRED  While Not while twork of work of work	NOT RELATED TO THE TERMINE CLUB OF INJURY (Home, farm, tory, street, office bldg., etc.)	Ort I or Port II of item 1B.)  20f. (City or town)	YES NO S
ACTUAL SIGNATURE VERLELOND, PHYSICIAN'S Wallace III.	Johnson M.D.	occurred at 4;30	2M, from the couses one ADDRESS (Street, city or town, sto	d on the date stated above. DATE SIGNED
	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or on Newark, Delaw	1
23. FUNERAL DIRECTOR'S SIGNATURE New	roub NU		150 0 150	AR'S SIGNATURE Thus S. Haus



within 72 hours litter death. After this funeral director, the third copy of this

2.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has man executed by the attending physician and manufelely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy

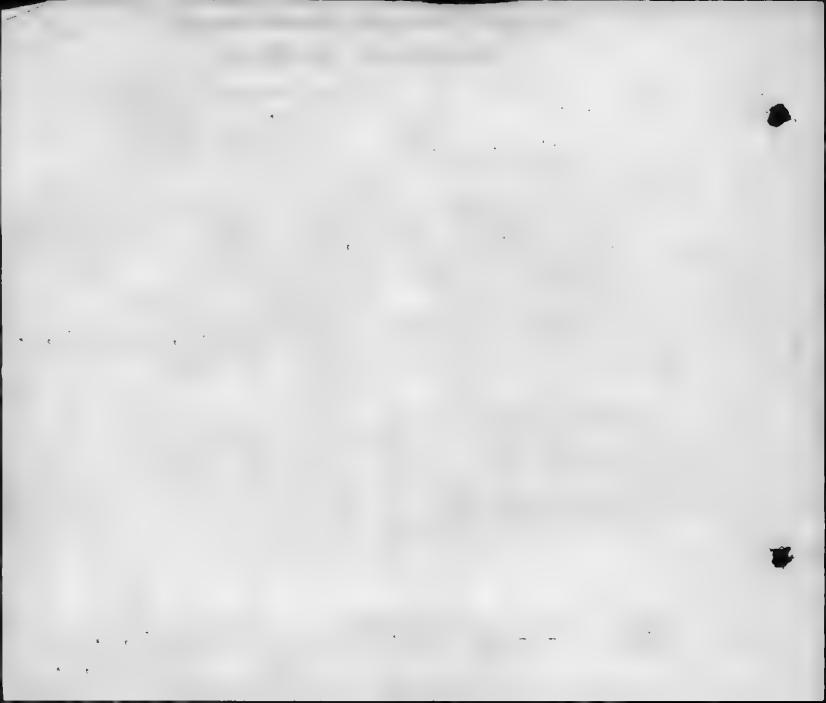
after death.

executed within

10096

## CERTIFICATE OF DEATH

	10110	Reg. Dist. No
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY . Cecil MARYLAND	STATE Md. COUNTY Cecil
	CITY (If outside comporate limits, write RURAL OR end give nearest town) TOWN Port Deposit Rural 7 Days	CITY (If outside corporate limits, write RURAL and give nearest fown) OR TOWN Chesapeake ** City
-	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (N rural give location) ADDRESS
	3. NAME OF (First) (Middla) DECEASED (Type or Print) Manie Vogue Moo:	(Lest) 4. DATE (Month) (Day) (Year)  OF DEATH 9 16 19 58
	Female White Marked Hay 1	6,1895  9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
	10e. USUAL OCCUPATION (GIVE kind of work done during most of working life even if refired) House Wile Own House	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT  13. COUNTRY  14. COUNTRY  15. CITIZEN OF WHAT
	13. FATHER'S NAME  Joseph Lloyd	14. MOTHER'S MAIDEN NAME Susan Lloyd
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, No. unk.] (If Yes, give wer or dates of service)	Mrs Cyrus Burlin, Port Deposit, Md.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL GER  19. 1 IMMEDIATE CAUSE  (A) 1. SSIVE  (B) 1. SSIVE  (C) 1. MANUAL CAUSE  (A) 1. SSIVE  (B) 1. SSIVE  (C) 1. SSIVE  (	Brand Rose Los's Schra Yes
		_ /
	DISEASES OR CONDITIONS, IF ANY, (B) CONDITIONS, IF ANY, (B) CONDITIONS, IF ANY, (B) CONDITIONS OF CO	hy o Chedit & Chair
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
*Ag	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	Pic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURED While Not while et work	211. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from 5-/3	
\$ 10M	alive on, 195, and that death occurred et.	M, from the causes end on the date stated above.  ADDRESS (Street, city, town, state)  DATE SIGNED
A15C 1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
AISC	Burial 9-19-1958 Asbury Co	
VS.	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Y 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE SEP 2 2 '58 Certing S. Thank	Illa latter rough Perryville, Md.





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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

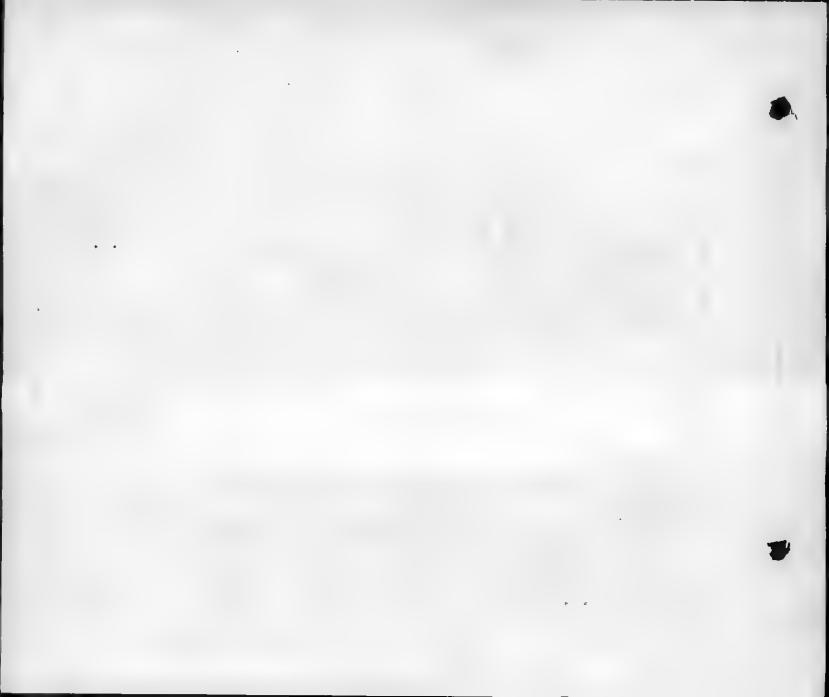
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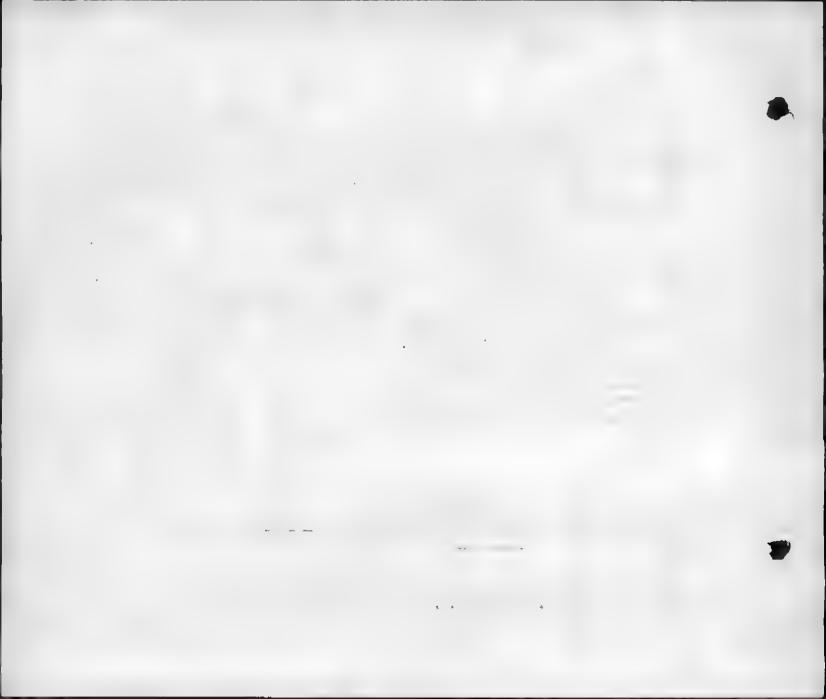
													Reg	Dist. N	o		
•		LACE OF DEATH		91				2. 1	USUAL RESIDEN	CE (W	here decea	sed lived. If inst I	ution Re	sidence b	fore odm	ess on)	
		COUNTY	ecil		•	MAI	RYLAND	'	STATE Md			P CON	TY C	ecil			
	b	. CITY OR TOWN III	outside corporate I mits, writ	#J#AL	c LENC	GTH OF STAT	Y IN 16	1	CITY OR TOW	/N (If	outside cor	porate limits, write	ate limits, write RURAL and give nearest town)				
		and give represt town	ton			2yrs		1	Che	יןיןנ	v Hi	17					
	- 6		AL OR INSTITUTION (	If not in hos	pital, give	e street oddr	ess)		STREET ADDRE		عامد لـ				e 15 R	ESIDEN E	
	_		on Hospi					1							_	A FARM?	
	3. }	NAME OF DECEASED	Fir			Middle			Lost		4. DATE	Мод	th	Do	,	feor ro	
		Type or print)	Frede	rick			M	Len	neier		DEATH	7		2	1	9 70	
	5. S	EX	6 COLOR OR RACE	7. MARRIE	ED N	EVER MARRI	ED 🔲 B	DAT	E OF BIRTH			9 AGE (In years feet birthday)	_			ER 24 HRS	
\		M	W	WIDOWE	P 🖾	DIVORCE		8	3-4-198	38		70 yrs.	Month	s Doys	Hours	M n	
1			ON (Give kind of work	done 10b. K	CIND OF	BUSINESS O	R INDUST	RY I	T BIRTHPLACE (	Slole	or foreign	country)	13	CITIZEN C	DE WHAT	COUNTRY?	
	٥	Farme	g life, even if retired). ביךי	F	Reti	her			Wene		No.			U.S	. A.		
	13.	FATHER'S NAME	<del></del>		0000	====		14	MOTHER'S MAID	DEN N						-	
		Fre	ederick N	i emei	ier				T7 i 7.3	he	th B	leagle					
		WAS DECEASED EV	ER IN U. S ARMED FO	RCES? 16		SECURITY NO	D. 17. N	NFOR	MANT	400	. 0 - 4	Addres	1			*	
	[Yes.	no, er unknown)	Ill yes, give war ar dates of	22	209	-496	7 1	e Erro	ederick		li eme	ier Elk	ton	. R.	D.3	lid.	
		18 CAUSE OF DEA	TH [Enter only one co		- m	b), and (c)									ERVAL RETW	KEN	
			H WAS CAUSED BY:				abo	dor	ninal a	ne	Mric	777		ON:	SET AND DE	ATM .	
		11510	IMMEDIATE CAUSE (o		reap	001 00	L 00.00	200	**************************************		MG- IL O	444		-			
		451X	DUE TO														
		Conditions, if o	diole cause	1										-			
		(o), stating the s	underlying DUE TO														
	,		TER SIGNIFICANT CON	IDITIONS CO	SNTRIRLIT	ING TO DEA	ATH RUT N	JOT R	E. ATED TO THE 1	TERM	NAI DISEAS	SE CONDITION G	VEN IN	PART I(o)	19 WAS	AHTOPSY	
	P.	PARTIL OT	TER STOTTOTOTOTO	<u></u>	J1 11 11 11 11 11 11 11 11 11 11 11 11 1					- L seite		2011011-011		(2)	PERFO	DRMED?	
	5	200. EXTERNAL CAL	ISE WAS 12	M. nescripia	E HOW II	MUSY OCC	HPOED IE	nter e	noture of injury in	n Fart	Low Post 1	Lef lane 70 h		}	100	NO 🔀 _	
	CERTIFICATION	PRIMARY Dor COL	NTRIBUTING 🗆	DESCRIB	E HOW II	MUNITOCC:	DUKER IF	, +(100+1)+.	word or injury i	ii i giri	e or real t	101 11911 10 [					
	AL.C	20c TIME OF INJU	RY Month, Doy, Ye	or 204	IN BHRY C	CCURRED	20e PLA	CE OI	F INJURY (Home,	form	201 104	u mr Inwa)		(County)		(Stote)	
	MEDICAL	Hour o.m.		While	e _ N	fot while	foch	ory, si	treet, office bldg	, elc	201, (CII	y or lown,		(Coomy)		formal	
	M	p, m,	19		ark 🚺 ol	T-ALI			L-1-1 A-A		-				ìX		
			hat I took chorge							. ' '		_		uiry		id in my	
		opinion death	nesulted from:	Naturol (	couses	Acc	ident [	١,	Suicide [	], F	iomicide	Under	ermine	d monn	ier		
		ACTUAL //	UPM	10/	.1	1 10	11		CHIEF MEDIC	41 20		7			DATE	SIGNED	
_		SIGNATURE	COVIO	Ut	1/1	NO	1	M.£	CHIEF MEDIC		Person						
οζ,		EXAMINER'S	sas n d	a a 10					ASSISTANT M					0	2 1	<b>*</b> 0	
		NAME (Type)	R.C.dDd		-				DEPUTY MEDI	CALI			p- 1p-	. 9	-3-	20	
	220	REMOVAL (Spec fy	ON 226 DATE THERE	OF.		ME OF CEMI					22d 10C/	ATION (City, town,	or coun	γ)	(510	le)	
		Burlal	9/6/58				en	Cer	netery			the same of the sa	Iew	York			
	23.	SONERAL DIRECTOR	S SIGNATURE	1.1		ton.	Md.				D BY REGIS			SIGNATI			
	14	ralace G	NAAA	001	44 25	00119	THEOR D		DAT	E SE	P 5						

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, it executes the certificate writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral directly 4 should be forw.

4 should be forw.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS ATSME 5M 2/57



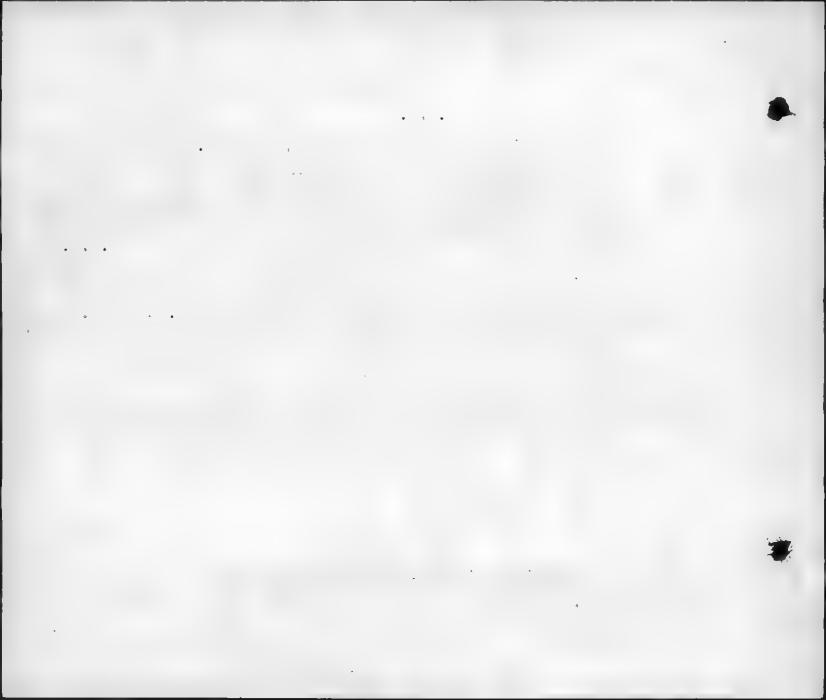


# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Keg.	DIST. NO.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deced	sed lived. If institution, Res	idence before admission)
cecil .	MARYEAND	o STATE Maryland	b. COUNTY	Cecil
b. CITY OR TOWN (If autitide corporate herits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porate limits, write RURAL	and give nearest town)
Ezza Elkton	D.O.A.	2/ Elkton		
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital	ital, give street address)	STREET ADDRESS 200 E. Main	St.	ON A FARMA
3. NAME OF DECEASED (Type or print) First Mollie	Middle	ethersky OF DEATH	Month 9	22 19 58
5. SEX $ \begin{array}{c c} \textbf{6. COLOR OR RACE} & \textbf{7. MARRIED} \\ \textbf{W} & \textbf{WIDOWED} \end{array} $	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (a years IF UND	ER IYEAR IF UNDER 24 HRS Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work done 10b. KF during most of working life, even if retired) Housevalife	ND OF BUSINESS OR INDUSTR	TI. BIRTHPLACE (State or foreign of Russia	country) 12 C	U.S.A.
13 FATHER'S NAME		14. MODIER'S MAIDEN NAME	<u>L</u>	
Paul Samuel Ett	tnatz	Kesa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. St. (19 yes, give was or deter of service)		na Pethersky,	Address 200 E. Mai	n St.El'cton
Conditions, if any, which gove rise to immediate course [0], stelling the underlying course last.  PART II. OTHER SIGNIFICANT CONDITIONS CON	7,7	OT RELATED TO THE TERMINAL DISEAS		ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
	HOW INJURY OCCURRED, (E)	ter nature of injury in Part I or Part II	of item 16 }	
Hour a. m. While	IJURY OCCURRED   20e. PLAC	E OF INJURY (Home, form, 20f. (City, street, office bldg , etc.)	y or town) (C	conty) (State)
21. I certify that I taak charge of the re	emains described above	re, held an Autopsy 🔲, 🛚 I	nspection 🖾, Inqu	iry , and in my
apinion death resulted from: Natural co	man, mi			
ACTUAL SIGNATURE OR CLASS	dren	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINE		DATE SIGNED
NAME (Type) R.C. Dodson		DEPUTY MEDICAL EXAMINER	<b>a</b> 9-2	22-58
	20. NAME OF CEMETERY OR	CREMATORY 22d LOCA		
23 MINERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY REGIST		
Hack being Mr. 2 Inc.	CHILDIN P	Varo SEP 2 4 5	58 arthur &	1. Thate

10 DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pendil in them. 18. Give Pages 1, 2, and 3 to the funeral dress. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 3 les.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages 1 and 2 with the State Boordie; health, or its designated agent, prior to burial, cremation, or removal, and may event within 72 hours after death. **VS. A15ME** 5M 2/57

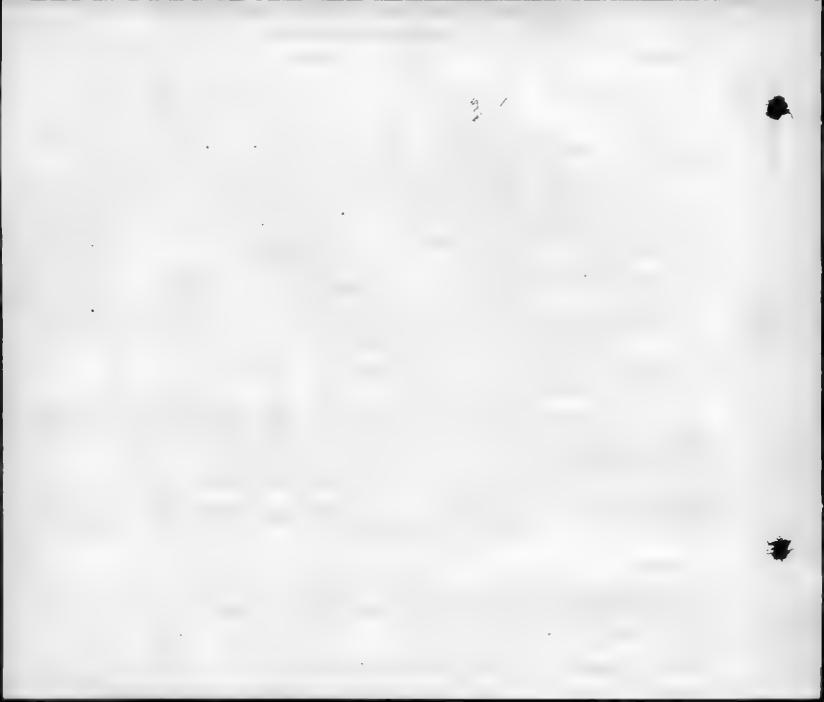


### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10093 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

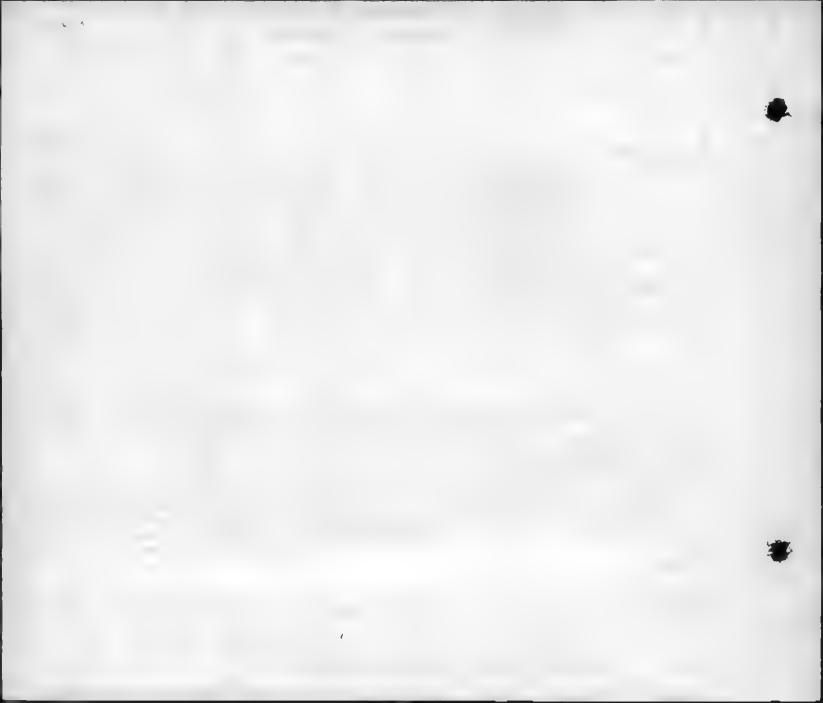
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Page Dist No

					Made bist sio.
1. PLACE OF DEATH • COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (V	_ b. COUNT	
	outside corporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
RURAL and give nea	HI iston	1400	1 1 -		
The state of the s	L. (If not in hospital, give street	Life	d STREET ADDRESS	kton	e. IS RESIDENCE
OR INSTITUTION			/	made Whomada	ON A FARM?
	Union Hos		1 514 Bow	st. Ext.	YES NO
3. NAME OF DECEASED (Type or print)	Mildre	d V. Middle Pi	RKS O K	OF DEATH 3 Q TO	onth Day Year 9
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday	المستقل المستق
	White   widow	ED DIVORCED	Dec. 31, 19	07 50 m	I manual pays   month   min
during most of working	N (Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stol	le or foreign country)	12. CITIZEN OF WHAT COUNTRY?
douse-v		at home	Larvl	- nd	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	2277	Verification
Janes	H. Filler		413 om	ones Steader	
15. WAS DECEASED EVER		SOCIAL SECURITY NO. 17.	INFORMANT	ence Stodda	ddress
(Yes, no. or unknown) (If	yes, give wor or dates of service)	13_30.0/.2/	Warne W. Fi	02202	)
	1 F.		Watthe W. 11	erson El	kton, .d.
	H [Enter only one couse per list H WAS CAUSED BY: 21	ne for (a), (b), and (c).	· 7 ·		INTERVAL BETWEFN ONSET AND DEATH
100	IMMEDIATE CAUSE (0)	He Tas Tx	ere care	inonet,	
196.9	DUE TO	· CO 6	0.1.	0,	
Conditions, if on		cena	uds rec	2 mg	March 21-195
gove rise to im		V.			
lying cause lost.	(c)				
PART II OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERA	MINAL DISEASE CONDITION C	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II OTHE					YES NO I
200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY A	UNDERLYING 20b. DES	CRIBE HOW INJURY OCCUR	IED (Enter nature of injury in	Port I or Port II of item 18)	
3 20c. TIME OF INJURY	Month, Day, Year 20d. II	NJURY OCCURRED 20e I	LACE OF INJURY (Home, for	rm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Hour o. m.	19 While of wor	Not while	octory, street, office bldg., e	tc.)	(200)
		h 1 1	17.	10 1	
21. I certify tha	it I attended the deceas		7 16 7 10 X		A., that I last saw the deceased
alive anX_C	Jak - S 12 -	2.5,, and that deat	h occurred at S	M, from the causes	and on the date stated above.
	he			ADDRESS (Street, city or low	n, stole
ACTUAL SIGNATURE	tolored H.	Spreaker	M.D. ERR	D. MV	1000, 9,1958
PHYSICIAN'S		1			
NAME (Type)	lford H. So	rechor			V
220 BURIAL, CREMATION	226 DAVE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town	, or county) (State)
REMOVAL (Specify)	Sept. 12.19	48 Ritton	Cematery	Wilton.	I .rrel nd
23. FUNERAL DIRECTOR'S		ADDRESS			DISTRAR'S SIGNATURE
Pin in the		woh becallet		E0 4 E 150	
3,10 17 1,1	n rol Horado	Not / 11 - March L	1 AM CIDATED	EL 19 98   C	Thur & There



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

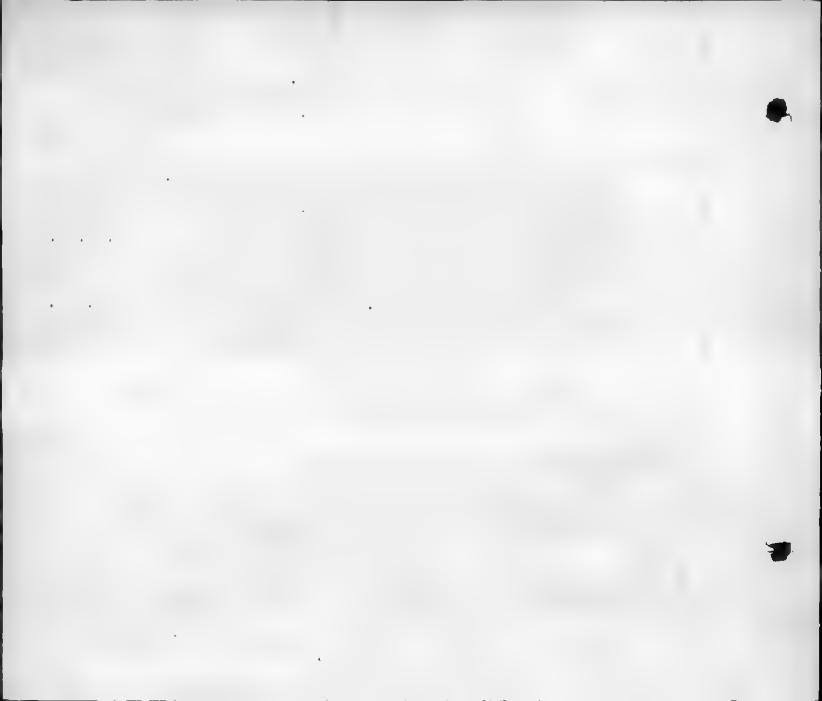


death.

ofter

within

certificate



HEALTH MEPT

TE DEPUTY MEDICAL EXAMINER: This certificate share be exempled within 24 haurs after death. If any delay is necessary, please execute the certificate writing the word "pending" in pendi in flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yours.

TO FUNERAL DIRECTOR: Page 3 should be used as a burid-transit permit. File pages 1 and 2 with the State Board or realth, at its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

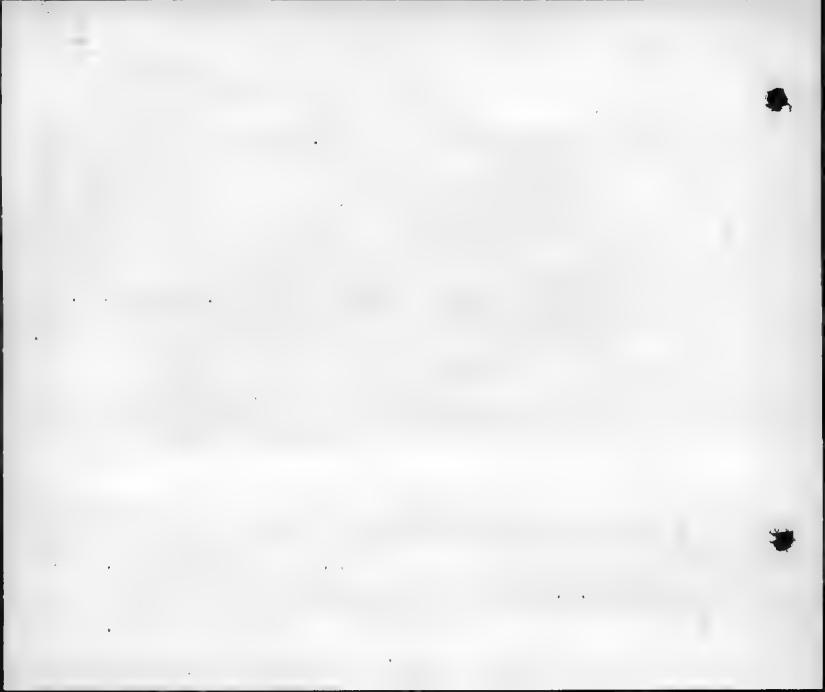
VS A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1011 OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

10104

	Reg. Dist. No.
o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY Cecil
	Elkton R.D.2
PAGE OF CATH COCUMT COCII  MARTIAND D. COTY OF TOWN IT availed expressed in n. or is 1,274.  OC COUNTY COCII  MARTIAND D. COTY OF TOWN IT availed expressed in n. or is 1,274.  OC COLOR TOWN IT availed expressed in n. or is 1,274.  OC COLOR TOWN IT availed expressed in n. or is 1,274.  OC COLOR TOWN IT availed expressed in n. or is 1,274.  OC COLOR TOWN IT availed expressed in n. or is 1,274.  OC COLOR TOWN IT availed expressed in n. or is 1,274.  OC COLOR TOWN IT availed the composition of the Nappino gives three oddress)  I a STREET ADDRESS  ON A FASHWY STREET ADDRESS  NAME OF DESTINATION IN IT IN NAME OF DESTINATION IN IT IN THE INTERPRESS OF INTERPRESS OF INTO IT IN THE INTERPRESS OF INTITION IN IT IN THE INTITION IN IT IN	
DECEASED	OF 05 10 58
	8. DATE OF BIRTH 9. AGE (in years IF UNDER TYPEAR IF UNDER 24 HAS
The state of the s	20-20-21 33yrs.
during most of working life, even if retired)	
(Yes, no, or unknown) (if yes, give way or dates of service)	
	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DETOWITE CL	
7 //	
gave rise to immediate course	
(a), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Addate, the continue and the continue of the c	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY DAY CONTRIBUTING D  CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED  TOTAL CONTRIBUTING D  CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)
	in Elk River Elkton
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. P.	ACE OF INJURY (Home, form, 120f, (City or town) (County) (State)
P. m 19 of work of work	
opinion death resulted from: Natural causes , Accident	Suicide , Homicide , Undetermined manner
	7. CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S R. C. Dodson	x 9-30-58
	R CREMATORY 22d LOCATION (City, town, or county) (State)
Burial Oct 1, 1958 Bethel Ce	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	007 2 58
Pippin Funeral Home Long The Elk	ton, Ma pare Del 2 30 Colon; 1, much





#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10114 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY District of Columbia COUNTY Cecil MARYLAND b CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Perry Point days Washington d. NAME OF HOSPITAL III not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital 4113 - 75 Street. N.W. YES NO THE Middle 4. DATE Yeor DECEASED JOHN. W. WALKER (Type or print) DEATH September 28 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months xXex Male Negro WIDOWED T DIVORCED | 12-26-05 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Porter Unknown North Carolina USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME d d Dr. J. W. Walker Elinor Curtis 35. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Hending | Yes 040-05-2741 Hospital Records, VAH. Perry Point, Md. 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Bronchopneumonia bilateral severe unresolved 3-5 days IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis, generalized, moderate YES 🐖 NO 🥅 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lawn) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while ol work ol work ADDRESS (Street, city or lown, stole) DATE SIGNED V.A. Hospital, Perry Point, Md. ACTUAL SIGNATURE PHYSICIAN'S S. P. LACERVA Director, Professional Services NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) , Arlington National Arlington, Virginia 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Home 2718-12th St. N. E. Wash. D.

Circling & trace

VS A15 (4)

15M 10/57



VS A1S (4) 15M II/SS 10107

Male White WIDOWED DIVORCED DI	L	ruems ),	1009	<b>C</b>	CERTIFIC	ATE OF D	EATH		Reg. Dist.	
RURAL and give necesses layers)  d. NAME OF HOSPITAL (If not in hospital, give sirees oddress)  d. STREET ADDRESS.  e. IS RESIDENCE ON A FARM? YES   NO    3. NAME OF OPENSTITUTION  3. NAME OF OPENSTITUTION  3. NAME OF OPENSTITUTION  3. NAME OF OPENSTITUTION  4. DATE OPEN	1.	PLACE OF DEATH	:/	<del></del>	MARYLAND	2. USUAL RESIL o. STATE	MAKY / MAKE		oni Residence	before admission)
ON A FARM?  3. NAME OF DECRASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED NONECT MARRIED NEVER MARRIED NOMET AND DEATH NOMET MARRIED NOMET MARRI		RURAL and give neor	est Igwn)	Is, write c. LENC	- 1	c. CITY OR 1	FILL	orate limits, write R	URAL and giv	e nearest tawn)
B. COUNTY										
Male White WIDOWED DIVORCED   Nay la By Not by Hours Main   Days H	3.	DECEASED	//	. /	Middle	V/4//	/ OF		th	air m
The part is defined by the part is a course for the part is a course fo	L	Male	White	WIDOWED [F]	DIVORCED	May	16.1879	lost birthday)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17. INFORMANT   Address   19. Yes, give wor or dolor of service    19. Yes, give you or dolor or dolor of service    19. Yes, give you or dolor or dolor of service    19. Yes, give you or dolor or dolor or service    19. Yes, give you or dolor or dolor of service    19. Yes, give you or dolor dolor or dolor or dolor or dolor or dolor or dolor or dolor dolo		retired to	life, even if refired	done 10b KIND OF	BUSINESS OR INDU	7	Hent .	( ) /	12. CITIZI	EN OF WHAT COUNTRY
18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c)		How		valls	0	Redu	4	0-7-0-0		
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	ly.	et de ar unknows] [H ]	res, give wat or dates of se	NO1	VE	MIS.	Thomas	Daff.	Far	desille, that
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION OR CONTRIBUTI	1	PART I. DEATH	WAS CAUSED BY:	10	(b), and (c) ]	Occi	usion		a#7.	
Couse (o), stoting the under lying couse lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED? YES NO CRONTRIBUTING CAUSE OF DEATH CITTHER, NOTIFY MEDICAL EXAMINER;  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State Death Course) (Caunty) (State Poet of work of		Conditions, if any,	which )	Artes	riose len	tic to	Port D	sease.		1:0415.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	Z	cause (a), stating the lying cause last.	under- DUE TO	)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	FICATIO		enili	4					EN IN PART I	PERFORMED?
21. I certify that I attended the deceased from Sept 70, 1958, to Sept 25, 1978, that I last saw the decease affive on Sept 25, 1958, and that death occurred at 125 M, from the causes and an the date stated above ADDRESS (Street, city or town, stote)  ACTUAL ADDRESS (Street, city or town, stote)		GF ETHER, NOTIFY ME	DICAL EXAMINER)							
affive on 52/125 19 58 , and that death occurred at 12 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL (1786) Fig. (2) ACTUAL (1786) DATE SIGN	MEDIC	Hour o.m.	19	While Not of work of v	t while fo	ctory, street, affice	bldg., etc.)			
actual little of the carefrage		6	I attended the	deceased from	/ /		12 1/2 M, fra	m the causes a	and an the	date stated above
,		ACTUAL SIGNATURE WAL	love Or	rencho	un	м.р.	adoress (	Street, city or town,	land.	DATE SIGNED
NAME (Type)		NAME [Type]								
Simon Jun 28/95 1 (ecillon Com. Cecillon mid.	1	REMOVAL (Specify	Syst. 281	1954 /	cillon (	EMATORY		allor	1	mid.
address milington maling on Date 2 38 Cirthun S. Frank	23.	Sward?	Pillows	mill	inglen	md.				



### FOR STATE EALTH DEPT.

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23. FUNSERAL DERECTOR'S SIGNATURE

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNT Cecil Cecil MARYLAND b. CITY OR TOWN (Houlside corporale fimile, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun Rising Sun VIS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO IS Sa Vall nut 13 South Waknut 3. NAME OF 4. DATE First Middle Month Year DECEASED OF DEATH (Type or print) 1958 9. AGE (In years 5 SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 38. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. LAB yes WIDOWED DIVORCED 22-1910 11. BIRTHPLACE (State or foreign country) 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Philadelphia, Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Merman Richard Wilson Margamet L. Twich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) (Yes, no. or unknown) Margaret L Wilson, 2935 Gerritt St. Phil. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 4201 DUE TO coocleatic Conditions, if any, which gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20g, EXTERNAL CAUSE WAS PRIMARY | gr CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while es 80 of work of work p. m. 21. 1 certify that I taak charge of the remains described above, held an Autopsy 54. Inspection . Inquiry = and in my opinion death resulted from: Natural causes De Accident | Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 1226 DATE THEREOF 22d. LOCATION (City, lown; or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Philadelphia, Penna.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

**ADDRESS** 

# MARKING STORY DESIGNATION OF MALEU-SAMPHORE 'S.

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### FOR STATE HEALTH DEPT.

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ory, pleose TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necess execute the certificate, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral direct should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriof-transit permit. File gropes 1 and 2 with the State loand or its designated agent, prior to buriaf, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	0	1	0	9

	6						Reg.	Dist. No	>.	
I. PLACE OF DEATH			2. USUAL	RESIDENCE (	Where deceo	sed lived. If instit	ution: Resi	dence be	fore odm	ission)
6. COUNTY Cecil		MARYLAN	STATI	land_		b. COUNT		ecil.		
b. CITY OR TOWN (If autside carparate limit and give nearest town)	L WITH BURAL	c. LENGTH OF STAY IN I			If outside cor	porote limits, write		on the same of the	eorest to	wn)
Singerly		all life	X	Sino	crley					
d. NAME OF HOSPITAL OR INSTITUTION	ON (If not in hos		d, STREI	TADDRESS	CILCY.					ESIDENCE
			- /							A FARM?
3. NAME OF	First	Middle		ost	4. DATE	Monl	h	Doy	1	reor
(Type or print) George		177	Wandara		DEATH	•		29		9 58
		ED NEVER MARRIED	B. DATE OF BE	RTH	-J	9. AGE (In yegis	IF UNDE	R IYEAR		ER 24 14RS
M. M.	WIDOWE		72.00	7.071.		lost (birthday)	Months	Days	Hours	Min.
100. USUAL OCCUPATION (Give kind of	rork done 10b. I	CIND OF BUSINESS OR IND	USTRY   11. BIRTI	PLACE (Stote	or foreign o		12. CI	TIZENO	F WHAT	COUNTRY
during most of working life, even if reti	-									
Lab.  13. FATHER'S NAME	Ger	eral work		LY LANC	NAME				_	
Joseph C4 W										
Joseph Si. We	PORCESS 16	SOCIAL SECURITY NO. 117	NO	inform	ation	Address				-
[Yes, no, or unknown] {!!! yes, give war or do										
ne			uth Wood	row,	EKton	Gen. Del	JA.			
18. CAUSE OF DEATH [Enter only on		for (o), (b), and (c).						ONSI	EY AND DE	ErN ATH
PART I. DEATH WAS CAUSED	E (o)	Acute Core	marv							
420.1 pul	TO									
Canditions, if ony, which)	(b)									
gove rise to immediate couse	TO							1	en supra	
(a), stating the underlying DUI	(c)									
PART II, OTHER SIGNIFICANT		ONTRIBUTING TO DEATH BL	T NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION GI	/EN IN PA	RT I(a)	9. WAS	AUTOPSY
	-								PERFC	RMED?
PART II, OTHER SIGNIFICANT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	John Deccela	E HOW INTEREST OCCURREN	/Fates action	Ciar a m		***			YES [	NO 🗍
PRIMARY DO CONTRIBUTING DE CAUSE OF DEATH.	290. DESCRIB	E HOW INJURY OCCURRED	fenier nomes o	injury in ro	IT I OF FORLII	of item 18.)				
	V land	NAME OF THE PARTY		- ALL - 8	1000 101					
20c. TIME OF INJURY Month, Doy Hour e. m. p. m.	, teor 20d. While		PLACE OF INJUR actory, street, of	(Home, for ice bldg., etc	m, 120f. (City	y or town)	(C	ounty)		(Stote)
₹ p. m.		ork ot work								
21. I certify that I took che	rge of the	remoins described o	bove, held	n Autop	sy 🔲 . I	nspection	inqu	iry 🗐	on	d in my
opinion death resulted from	: Natural	ouses Acciden	I . Suic	de 🗍	Homicide	T. Undele	rmined	monne		,
(11/12)	0	1							[]	
ACTUAL //	My J	ela OT	CHIE	MEDICAL F	XAMINER [				DATE S	IGNED
SIGNATURE		Cuyou	LM.D.		AL EXAMINE					
EXAMINER'S NAME (Type)					EXAMINER [		0	30-5	'A	
720. BURIAL, CREMATION, 1226, DATE 1H		27c. NAME OF CEMETERY		- medicat	N			30-5		
REMOVAL (Specify)	1-0	BI II	II K	,	274, LOCA	TION (City, town,	or county)		(Stot	e) •
DUY12/ 10/2	138	Cherry Hil	1 ceme	tery	1 6	herry	4:11.		MA	
23. FUNERAL DIRECTOR'S SIGNATURE	11	ADDRESS	10/	240/ REC	D BY REGIST	RAR 246/ REGI	STRAP'S &	GHATU	E.	
Mohl Co. Her	bul	Chlin	).NH	DATE	01					

Gardride D. I'-JU-I See 1 colo - Cyman - 1 1578-25 a lattle and more in a comme economica otran